DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	10
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be etained by the hospital ar attending physician.	
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely falled unby the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be falled within 72 hours after death with the State Dept. of Health and Mental Hygene prior to burial, cremation, or remayal.	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1 -	FOR - STATE REGISTRAR			HEALTH AND MENTAL HYO	GIENE REG. NO	79-	05229
	CEASED NAME FIRST E OR PRINT) MAGGI	E C.	A	LAST LRDIS	20. DATE OF DEATH	MONTH DAY	979 115 3 _M
3 SE		4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRT		
f	emale	white	Marc		86	YRS.	DAYS HOURS MIN
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF D	EATH
	aryland	USA	WIDOWE		Wicomic	0	MD.
	Salisbury	(IF NOT IN SUCH FACILIT	Y. GIVE STREET ADDRESS)	al Hospital	120 USUAL OCCUPATION OF WORK FOR MOST ON NOUSEWI	F WORKING LIFE) IN	b KIND OF BUSINESS OR DUSTRY
130.		JNTY 130 CI	idence before admission) ty or town enbackvil	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		
14 F/	other's name Charles	E. Co	ulbourne	15 MOTHER'S MAIDEN NA	Jan	ie	Brown
	WAS DECEASED EVER IN U.S. A LYES, NO OR UNKNOWN) (IF YES, GI	IVE WAR OR DATES)	6-14-2527	Dora Justi	ADDRE ce Greenb	ss ackvill	Le, Va.
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	only one couse per line to SED BY. ATE CAUSE (b)		anut			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH M (N' S
	Conditions, if ony, which gove rise to immediate couse 101, stating the	DUE TO, OR DA	hadry f	Wart Farlu	ne		unother
	underlying cause lost PART 2. OTHER SIGNIFICANT	(c) H/V	CONSEQUENCE OF MISCHALL BUT BUT TO DEATH BUT	NOT RELATED TO THE TERM	ALLULU MINAL DISEASE OR CON	DITION GIVEN IN	YUS PART 1(0)
CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION F	OR WHICH OPERATIO	DN WAS PERFORMED	200 AUTOPSY? YES NO		RE FINDINGS USED CAUSES OF DEATH? NO
	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL EXAMINE)	EATH HOUR A.M. M	RY ONTH DAY YEAR 19	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 O	R PART 2)
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJ (AT HOME, STREET, FAC	URY FORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOV	NN CC	DUNTY STATE
	22a.1 certify that this hasp sow the deceased alive a above, (1) (we) (did) (did n 22b. SIGNATURE	2/5	19 <u>79</u> , o	nd that in (my) (aur) opinion	, to, death occurred on the di	-	from the couses stated
	Mua	WM. K	and	ATTENDING PHYSICIAN 2	MEDICAL STA		2/16/19
	Dona O. M.	Wood		215 Ohio A	Ve Salis	bung	Maryland
230.	BURIAL, CREMATION, REMOVA	1 1		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUN	
24 F	Burial UNERAL DIRECTOR	2/18/7	9 Union	Greenbacky:	ille Greer	backvi	SIGNATURE

Pocomoke City,

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

IMPORTANT: If Item 21 is marked or Item 18 shaws ony injury, ar other traumotic event, the medical

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Salisbury | Deminsula Comerci Pospital | Time!

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STATE REGISTAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	1		FOR			DEDART		E OF MAR		IVOIT I		2 0	5730	
The Ceased Name The Company The Compan	ARTING THE WORD "PENDING" IN PENCIL IN TEA FLOWS AFIEK DEATH. IF AND 3 TO THE FUNERAL DIRECT ARDED THE WORD "PENDING" IN PENCIL IN TEA FLOWS AFIEK DEATH. IF AND 3 TO THE FUNERAL DIRECT ARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5 FOR YOUR IGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED. WITHIN 72 HIATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION DEVITAL RECORDS, 301 W. PRESTON STOLEN BURIAL, CREMATION, OR REMOVAL.	1-	STATE									9-0	3 -	
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Salisbury Peninsula General Hospital Schulder Peninsula General Hospital Schulder Brown Dormandity		10. CI	TY OR TOWN	DE DEATH	11. NAME OF	HOSPITAL NU	RSING HOME						12h KIND OF B	MD.
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16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 16b. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) 20 - 28 - 1200		13a. S		136 COUNT	rother institution Y Prset	Princ				13. STREE	T ADDRESS B	ox 32	2	
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			deoin resulte	Nature	couses LA.	, Accident	L, Suici			Undetern	nined manner	□ ,		
death resulted from: Natural couses X., Accident, Suicide, Homicide, Undetermined manner,	-		ACTUAL SIGNATURE	ful	1	1				MEDIC	ALEXAMINER	DAT	E 2-5-7	79
ACTUAL SIGNATURE Medit resulted from: Natural couses A. Accident, Suicide, Homicide, Undetermined manner, TITLE (SPECIFY) M.D. Deputy MEDICAL EXAMINER DATE 2-5-79	1	1	(TYPE OR PRIN	T) <u>Earl</u>								Sali	isbury,	Md.
ACTUAL SIGNATURE ACTUAL SIGNATURE M.D. Deputy MEDICAL EXAMINER DATE 2-5-79 M.D. Deputy MEDICAL EXAMINER SIGNED 2-5-79 M.D. ADDRES 109 Camden Ave., Salisbury, Md.	- L		Bure	ab 3	3-10-	79 9	HACE Z	TERY OR CRE	moth.	Use	Man	800	norset:	TATEME
LEVILLE OF TO THE WILL WILL WILL OF THE THE THE	1		NAME		ADI	DRESS			EER O.1	1070	GISTRAR. 24	REG SHOP	SIGNATURE	
ACTUAL SIGNATURE M.D. Deputy MEDICAL EXAMINER DATE 2-5-79 EXAMINER'S NAME Earl L. Royer, M.D. ADDRESS 109 Camden Ave., Salisbury, Md. 1336, BURIAL CREMATION, REMOVAL 236. DATE 1236, PARTICLE LANGE		Jo	llev	Funeral	Home.	Sali	sourv.	Md.	FEB 21	1010				

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es Mem. Chapel-Rt +

(VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

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nding physicion and completely filled in by the fun carbonpopers. Pages 1 and 2 should be filed within

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physici should be detached for use as the buriol-transit permit. Then please remove corban paper with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

retained by the hospital or attending physician

STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-05232

HPLACE (STATE OR FONTY) SOUPI OR TOWN OF DEA RESIDENCE (IF NURSIATE	TH 11. NAME OF	MIDGE WHAT COUNTRY?	S DATE O		20. DATE OF DEATH 2 - 0 6 AGE (IN YEARS LAST BI	- 79	YEAR INDER I YEAR ITHS OAYS	IF UNDER	48
HPLACE (STATE OR FONTY) SOUPI OR TOWN OF DEA RESIDENCE (IF NURSIATE	REIGN 76 CITIZEN OF	WHAT COUNTRY?	S DATE O	F BIRTH YEAR		RTHDAY) IF U		IF UNCER	
NTRY) SOUPI OR TOWN OF DEA PRESIDENCE (IF NURS) ATE	TH 11. NAME OF	A WHAT COUNTRY?	8			YRS	-	HOURS	74 F
PESIDENCE (IF NURSI			WIDOWE		9 BALTIMORE CITY WICOMICO		DEATH		
ATE	4 Ki	Jerus 6	ADDRESS)	ROTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST		126. KIND OI INDUSTRY Piat		SS
yland	NGHOME OR OTHER INSTITUTION 136 COUNTY WICOMICO	13c. CITY OR TOW Salisbu	N I	13d. INSIDE CITY LIMITS? YES NO	306 Gay S	treet			I
Thomas	James	Truitt		15. MOTHER'S MAIDEN NA FIRST Lydia	May		Hat	ton	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATHBUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTION OF CONDITION							ERE FINDIN	GS USER	
OR CONTRIBUTING C	AUSE OF DEATH HOUR A	A.M. MONTH DA P.M. FOFINJURY	19	211 LOCATION		YES [URY IN ITEM 18, PART 1	OR PART 2)	NO []
Sow the decease above (I) (we) (d	(this hospital oftended to do live on 2 id did not view the bod	he deceased from	79 , an	d that in(my)(our) opinion DEGREE ATTENDING PHYSICIAN	, to Z - deoth occurred on the c	, 19_, dote and have an	79 to d from the c	the (I) (v	we)
John T.	Bulkeley, REMOVAL 236 DATE	23c. N		EMETERY OR CREMATORY	23d. LOCATION CITY OF HOWN				
	S DECEASED EVER NO OR UNKNOWN) S CAUSE OF DEATH PART I. DEATH W A GO DEATH DEATH W A GO DEATH DEATH W A GO DEATH DEATH W ART 2. THER SIGN DATE OF OPERAT DATE OF OPERAT II. ACCIDENT WAS UND DIR CONTRIBUTING COUSE OF THE LITHER NOT WAS UND OR CONTRIBUTING COUSE III. INJURY OCCURR WHILE NOT WAS UND SOW THE COUSE WHILE NOT WAS SOW THE COUSE WHILE NOT WAS SOW THE COUSE WHILE NOT WAS SOW THE COUSE THE COUSE	S DECEASED EVER IN U.S. ARMED FORCES? NO ON INTERPRETATION (IF YES, GIVE WAR OR OATES) NO S CAUSE OF DEATH LENter only one couse per PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO. Conditions, if ony, which gover rise to immediate couse (o). Source rise to immediate couse (o). ART 2 OTHER SIGNIFICANT CONDITIONS. DUE TO. ART 2 OTHER SIGNIFICANT CONDITIONS. DATE OF OPERATION (IPS CONTIBUTIONS.) DATE OF OPERATION (IPS CONTIBUTIONS.) DATE OF OPERATION (IPS CONTIBUTIONS.) Id. INJURY OCCURRED (AT HOME. SINGUIST CONTIBUTIONS.) RIAL CETTIFY that (I) (this hospital of tended to sow the deceased of the open contibutions (I) (the contibutions) JOHN T. BULKELEY, RIAL, CREMATION, REMOVAL 23B. DATE CIFY) BUT 13 1	S DECEASED EVER IN U.S. ARMED FORCES? NO 218-16-6 CAUSE OF DEATH lEnter only one cause per line for (a), (b), on PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (b) DUE TO, OR AS A CONSEQUE of the couse (a), storing the underlying couse lost Conditions, if ony, which gove rise to immediate couse (a), storing the underlying couse lost ART 2 THER SIGNIFIC ANT CONDITIONS CONTRIBUTING TO 10 CONTRIBUTION TO 10	S DECEASED EVER IN U.S. ARMED FORCES? NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) S CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (b) DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove rise to immediate couse (a), stating the underlying couse lost ART 2 THER SIGNIFIC ANT CONDITIONS CONTRIBUTING TO DEATH BUT DUE TO, OR AS A CONSEQUENCE OF CONTRIBUTING TO DEATH BUT ART 2 THER SIGNIFIC ANT CONDITIONS CONTRIBUTING TO DEATH BUT DECONTRIBUTING CAUSE OF DEATH SECONTRIBUTING CAUSE OF DEATH FEITHER, NORTY MEDICALEXAD WHILE NOT WHILE AT WORK AT WORK AND THE CAUSE OF DEATH AT WORK	S DECEASED EVER IN U.S. ARMED FORCES? INDO RUNKNOWN) SCAUSE OF DEATH Enter only one cause per line for 101, (b), and 10. PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate course (b). Stating the underlying couse lost. ART 2 THER SIGNIFIC ANT CONDITIONS CONTRIBUTING TO DEATHBUT NOT RELATED TO THE TERM DUE TO, OR AS A CONSEQUENCE OF LOW LIFE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 107. ACCIDENT WAS UNDERLYING AUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER) 108. ACCIDENT WAS UNDERLYING AUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER) 216. PLACE OF INJURY HOUR A.M. MONTH DAY YEAR AT WORK AT WORK AT WORK 109. COLORED AT WORK 109. ACCIDENT WAS UNDERLYING AT WORK AT WORK 109. ACCIDENT WAS UNDERLYING AUSE OF DEATH OF THE CONTRIBUTING AUSE OF DEATH OF THE CONTRIBUTION AUSE OF TH	S DECEASED EVER IN U.S. ARMED FORCES? NO OR UNKNOWN) NO OR UNKNOWN) NO OR UNKNOWN) NO OR UNKNOWN) (IF YES, GIVE WAR OR OATES) 128—16—6250 MISS MAY H. Truitt (Si. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18	SDECEASED EVER IN U.S. ARMED FORCES? NO OR UNANDWAY (1978, GIVE WAR DROATES) 128-16-6250 17. INFORMANT ADDRESS NO CLAWSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (b). Storing the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couses (c). Storing the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF (c) ART TO THE REGISTRIC ANT CONDITIONS CONTRIBUTING TO DEATH) BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN ART TO THE REGISTRIC ANT CONDITIONS CONTRIBUTING TO DEATH) BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN B. DATE OF OPERATION 196 CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH P.M. HOUR A.M. MONTH DAY YEAR P.M. 19 196 CONTRIBUTING CAUSE OF DEATH P.M. 19 197 CONTRIBUTING CAUSE OF DEATH P.M. 19 198 CONTRIBUTING CAUSE OF DEATH P.M. 19 19 CONTRIBUTING CAUSE OF DEATH P.M. 19 10 CONTRIBUTING CAUSE OF DEATH P.M. 19 11 COCATION CITY OR TOWN 12 CONTRIBUTING CAUSE OF DEATH P.M. 19 12 CONTRIBUTING CAUSE OF DEATH P.M. 19 12 CONTRIBUTING CAUSE OF DEATH P.M. 19 12 CONTRIBUTING	SECERSED EVER IN U.S. ARMED FORCES? SO CHUMNOWN IN (19 YES, ONE WAR DE CATES) 128—16—6250 MISS MAY H. Truitt (Sister) same as 218—16—6250 MISS MAY H. Truitt (Sister) same as 218—16—16—16—16—16—16—16—16—16—16—16—16—16—	SDECEASED EVER IN U.S. ARMED FORCES? NO OUTUMNOWN, IF YES, GITT WARD GOALES) 218-16-6250 218-16-6250 MISS MAY H. Truitt (sister) same as 13 128-16-6250 MISS MAY H. Truitt (sister) same as 13 MISS MAY H. Truitt (sister) same as 13 MISS M

BP. DHMH - 16 50M 7/77 (VR A 15 (4)) 79-05232 Junto ALDRIA & 25-3-3

ADDRESS

FOR

24 FUNERAL DIRECTOR

DHMH - 16 60M 1/75

(VRA 15(4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

25a. DATE REC'D

25b. REGISTRAR'S SIGNATURE

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directory page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-05234

TOWN OF DEATH LISDURY IDENCE (IF NURSING HOME OR O: SNAME FIRST ALE CEASED EVER IN U.S. ARMI OR (VIKENOWN) (IF YES, GIVE W. USE OF DEATH (Enter only	POT IN SUCH FACILITY, GIVE STREET Penins ula Ge HER INSTITUTION, GIVE RESIDENCE BEFORE DIE BLAST DIE BLAST DE FORCES? 166 SOCIAL SECT AR OR DATES) AT THE PROPERTY OF TH	MARRIED NEVER MARRIED WIDOWED DIVORCED NG HOME OR OTHER INSTITUTION ADDRESS) ENERAL HOSDITA IS INSIDE CITY LIMIT YES NO MAIDEI FIRST	Wicomic Visual Occupation Virginia Wicomic Virginia Usual Occupation Vi	20 1979 HDAY) FUNDER LYEAR WONTHS DAYS RCOUNTY OF DEATH	26. HOUR 5 596 IF UNDER 24 H HOURS MIII
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TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician.

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equires that the death certificate be signed by the ottending physicio. Then please remove carbon papers to burial, cremotion, or removal. injury, or other froumatic event, the	z	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	INPART 10 / A 46
on. hos bee hos bee i permit ene prior	CERTIFICATION	190 DATE OF OPERATION	5 Tage Secondary Secondary	VERE FINDINGS USED NG CAUSES OF DEATH?
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ALOR ATTENDING P the hospital or atter to ALDIRECTOR: After to tetached for use as the tet Dept. of Health and Till them 21 is marked		220.1 certify that (I) (this hasp	ontol) ottended the deceased from 11/14 19/79 to 2/24 19 n 2/24 19/79 ond that in (my) (our) opinion death occurred on the date and hour of the view the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	79, that (1) (we) los not from the couses stated 22c. DATE SIGNED 2/2/79
TO HOSPITAL retoined by the should be det with the State		22d PHYSICIAN'S NAME (TYPE	S S. CHAN 220 ADDRESS Riverseale &	Drive
BP	230 (BUTIAL, CREMATION, REMOVA	236. DATE 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION BY OR TOWN	orc. State
DHMH - 16 50M 7/77 (VR A 15 (4))	24 F	UNERAL DIRECTOR	CLADOLADORES ALISING MAR 2 1979	R'S SIGNATURE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) DEATH MATED 2-2-79 OF ARTHUR WILLIAM BRITTINGHAM. 4. RACE DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 2d. HOUR DATE DAY LAST BIRTHDAY 11 PRONOUNCED Male White DEAD May 14. 190 Feb. Ta. BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH Parsonsburg, Md MARRIED NEVER MARRIED DIVORCED 1) NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION IB. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Salisbury Sewing Mach. Mech. Shirt Co. Peninsula General Hospital DOA SHOULD BE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 113b COUNTY 113c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS YES | Wicomico NO L Maryland Delmar 306 Pine Street 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE LAST John Lillie Brittingham Map Morris 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 7 INFORMANT ADDRESS (YES, NO. OR UNKNOWN) Mrs. Martha Brittingham (wife) 217-03-5967 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) SUGGEN PART I DEATH WAS CAUSED BY: BURIAL-TRANSIT PERMIT Coronary Occlusion IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate DIVISION OF VITAL RECORDS, 301 W. couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) K CERTIFICATION 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? FPARTMENT OF YES [] NO A BE 210 EXTERNAL CAUSE WAS O THE 3 SHOULD E E DEPARTAT 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STORET CITY OR TOWN COUNTY STATE WHILE AT WORK TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE IS BALTIMORE, MARYLAND, 21201 P Inspection X 22a. I certify that I took charge of the remains described above, held an Autopsy and in my opinion Ratural couses X death resulted from: Accident Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL Deputy SIGNATUR MEDICAL EXAMINER EXAMINER'S NAME Rover. Camden Ave. Salisbury. ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE Buria] 2/6/ Riverside Cemetery near Powellville. Wor 25a. DATE REC'D. BY REGISTRAR 25b. **DHMH-17** Biston McCreody (VR A15 ME (5)) HOLLOWAY FUNERAL HOME. Salisbury 15M 7/76

STATE OF MARYLAND

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-0524 - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 1. DECEASED NAME 20 DATE OF DEATH (TYPE OR PRINT) BERTIE 6 AGE (IN YEARS LAST BIRTHDAY 3 SEX IF UNDER 24 HRS DAYS 6 7ª RIRTHPLACE BALTIMORE CITY OR COUNTY OF DEATH ISTATE OR FOREIGN MARRIED NEVER MARRIED WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ICOMICO NURINGHOME PRESTON ST., BALTIMORE, MARYLAND 2120 ISUAL RESIDENCE (IF HURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS 13d INSIDE CITY LIMITS? 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line to) (a), (b), and BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE 10: CONSEQUENCE C Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 19g DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? ā IN CERTIFYING CAUSES OF DEATH? Hygien NO YES NO T 210 ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21b. TIME OF INJURY 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH and Mental MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from. sow the deceased alive on obove, (I) (we) (did) (did nat) view the body after de and that in (my) (our) opinian death accurred on the date and hour and from the causes stated 226. SIGNAFURE DEGREE 22c DATE SIGNED MEDICAL should be detowith the State MPORTANT: **PHYSICIAN** DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRIN 22e ADDRESS 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE 24 FUNERAL DIRECTOR BY REGISTRAR 256, REGISTRAR'S DHMH - 16 50M 1/76 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the should be detached for use as the burial-transit permit. Then please remove corbonpapers. Pages I and 2 should be filled with with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

STATE OF MARYLAND	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	FOR STATE REGISTRAR	DEPARTN	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	9-05241
	DECEASED NAME FIRST TYPE OR PRINT)	MAE. B	riTTing ham	February 2	DAY YEAR 26 HOURS
3 5	SEX	4 RACE	5 DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HR MONTHS DAYS HOURS MIN
A	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Marvland	White 75 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	94 YRS 9 BALTIMORE CITY OR COUNT WICOMICO	TY OF DEATH
	City or Town of DEATH Salisbury	USA 11. NAME OF HOSPITAL, NURSIN PeninsulasrGe	MIDOWED DIVORCED IGHOME OR OTHER INSTITUTION Children Children	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOUSEWIFE	126 KIND OF BUSINESS
<i>-</i> ∞ ≈ 130	Ba STATE 13b C	AE OR OTHER INSTITUTION GIVE RESIDENCE BEFORE OUNTY 130 CITY OR TOWN COMICO Salisbu	'N 136 INSIDE CITY LIMITS?	13. STREET ADDRESS 514 G. Georgia	Ave.
2	FATHER'S NAME Elijah	A. Powell LAST	15. MOTHER'S MAIDEN NA FIRST POLLY	WIOOFE	Adkins
1	WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES)	ARMED FORCES? 166 SOCIAL SECU (GIVE WAR OR OATES) 217-36-		ton Brittingham	(son) same as
CERTIFICATION		DUE TO, OR AS A CONSEQUE (c) WWK NT CONDITIONS CONTRIBUTING TO D (Massure Fedal C	DEATH BUT NOT RELATED TO THE TERM PROBLEMA, anaomia OPERATION WAS PERFORMED	Fracture Hep. 200 AUTOPSY? 200. IF YI	0 1
75 1 -	OR CONTRIBUTING TO CHURS	FDEATH HOUR A.M. MONTH DA	AY YEAR	YES NO NO RED (ENTER NATURE OF INJURY IN ITEM 18	/ES NO
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e, PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	22a I certify that (I) (this h saw the deceased aliv above, (I) (***) (did (di	ospitol) attended the deceased from e on 2124/79 19 do not) view the body after death.		deoth occurred on the date and ha	
	22b. SIGNATURE			MEDICAL STAFF DIRECTOR PHYSICIAN	2/27/79
		GARWAL		Salesbury M	d 2180/.
	30. Burial, cremation, remo (specify) Burial	0 /00 /00	NAME OF CEMETERY OR CREMATORY Arsons Cemetery	23d LOCATION CITY OR TOWN Salisbury Nic	COUNTYMINTE
24	(SPECIFY) Burial FUNERAL DIRECTOR	0 /00 /00	arsons Cem	eterv	netery Salisbury Hic

DHMH - 16 50M 1/76 (VR A 15 (4))

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Eal coury Peninsula Cemeral Hospital

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Salisbury Peniconla General Enspical in - U.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-05744

		REGISTRAR				CERTIF	ICATE OF DEA	AIN	REG. NO	1 0	0 0		
		CEASED NAME	FIRST		MIDDLE		AST	7-	20 DATE OF DEATH N	ONTH DAY	YEAR	26 HOUR	
Н		,	KUTH		F,	C	ODY	1	FEBRUAG	Ry 17	1979	9 A.	М
	3. SEX	Female.		4 RACE		S. DATE C	DAY DAY	YEAR	6. AGE (IN YEARS LAST BIRTH	MON	ITHS DAYS	HOURS MIN	_
	7a BIF	RTHPLACE ISTATE OR FO	OREIGN	76 CITIZEN OF	WHAT COUNT	RY? 8			9. BALTIMORE CITY OF	COUNTY OF	DEATH		-
8	P	ennsylvani	ia	USA		WIDOWE	D NEVER MAI	RRIED 🔲	Wicomico				AD.
3.		TY OR TOWN OF DEA	ATH	LIE NIOT INCCU	CHEACHTY CHE CO		R OTHER INSTITU		12a USUAL OCCUPATIO		126. KIND O	F BUSINESS C	-
G		alisbury		Penir			l Hospi	tal	cafeteria e		indus	trial	
5			136 FOUN	OTHER INSTITUTION	13c. Stry OR T			O 🔀	130 STREET ADDRESS Road				
20	14 FA	Frederic	k (. Was	Us LAST		IS MOTHER'S M	AIDEN NAM	MIDDLE	Heh	Le LAS	т	
1	16a. W	VAS DECEASED EVER	IN U.S. AR	MED FORCES?	166 SOCIALS	ECURITY NO.	17 INFORMANT		ADDRES	S			_
1	(1	no	(IF 1E 5, G14)	WAR OR DATES			James 7.	Cody	: 230 7th St	Laure	el Del	19956	
		18 CAUSE OF DEAT PART I. DEATH W	'AS CAUSE	lly ane cause pe D BY: TE CAUSE (a)	langua	nandicui mondis					APPROXI	MATE INTERVAL ONSET AND DEAT	-
	7	486-			OR AS A CONSE	OUENCE OF		852					
		Conditions, if any, gove rise to imm	nediate	(b)_									-
		underlying couse		DUE TO, C	R AS A CONSE	OUENCE OF							
	~	PART 2. OTHER SIGN	VIFICANT (CONDITIONS C	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO	THE TERMI	INAL DISEASE OR COND	ITION GIVEN	IN PART 10	1	=
	Į.	na	uman		siase,	conger	the hea	100	time. Chrome	Astrnet	ne lin	of discus	<
9	CERTIFICATION	19a DATE OF OPERA	HOM	196 COND	DITION FOR JWH	HICH OPERATIO	N WAS PERFORM	ED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES [
9		21g ACCIDENT WAS UNE	_	216. TIME O	OF INJURY	DAY YEAR	21c HOW INJUR	RY OCCURR	ED (ENTER NATURE OF INJURY		1 OR PART 2)		_
-	MEDICAL	(IF EITHER, NOTIFY MEDIC 21d. INJURY OCCURE		_	OF INJURY	19	21f LOCATION	-					_
	ME	WHILE NOT WE AT WO	HILE D	(AT HOME, ST	TREET, FACTORY, OFF	FICE, FARM, ETC.)	STREET	1	CITY OR TOWN		COUNTY	STATE	
		220.1 certify that (1) sow the decease	ed plive on	21	7	00	nd that in (my) (au	19 79	death occurred on the do	e and hour a		that (I) (we) lo	ist
		abave, (1) (wa) (c	310) (d+d-ne	view the blody	y affer death.	0 0	DEGREE	ENDING	. MEDICAL STAFF		22c. DATE	SIGNED	_
		22d PHYSICIAN'S NA	AME LIVES	e pourti	News	uch			DIRECTOR PHYSICI			11/7.	_
		RODA	IEA	()A.	WENR	ich	KAY	AVE	SALIS	BURY	mol	. 2180	1
	23a. B	BURIAL, CREMATION,		236. DATE			EMETERY OR CRE	MATORY	23d. LOCATION CITY OR TOWN	co	UNTY	STATE	

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

FOR - STATE

ne must be natified at ance

burial

Hill Cometery Lawrel Sussex Delaware
250. DATE REC'D: BY REGISTRAN 256. REGISTRANS SIGNATURE

24 FUNERAL DIRECTOR

Homen L. Disharoon box 678 Laurel Del 19956

TO HOSPITAL OR ATTENDING PHYSICIAN, The low requires that the death certificate be executed within 24 hours offer death, Page 4 may be

- 1				STA	TE OF MARYLAND			
	1 - STA	R ATE GISTRAR			HEALTH AND MENTAL HY	GIENE REG. No	79-05	245
3.	1 DECEAS (TYPE OR PR	SED NAME FIRST	LLAMIDDLE	C. 1) X		MONTH DAY YEAR	26 HOU
	3 SEX	MACE	4 RACE	5. DATE MON		6 AGE (IN YEARS LAST BIRT		YEAR IF UNDER
of of	COUNTR	USA	76 CITIZEN OF WHAT	COUNTRY? 8 MARRI WIDOW	ED NEVER MARRIED	Wicomic	R COUNTY OF DEAT	н
28 Teled	Sal	isbury	Peninsu	la, nursing home	or other institution	170 USUAL OCCUPATI (TYPE OF WORK FOR MOST O		ND OF BUSINE
35	USUAL RE	SIDENCE (IF NURSING HOME C		SIDENCE BEFORE ADMISSION	13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS	H.G.or	MJ
\$2	6	SS NAME FIRST PC.0-9C	MIODIS / 12-22	ister /	15 MOTHER'S MAIDEN NA	AME MIDIO	enel	LAST
e medico	160 WAS (YES N	DECEASED EVER IN U.S. A OF UNKNOWN) (IF YES, GI	RMED FORCES?	3-22-1	30 Beth	Brown	55 56/151	6Kx //
event, th	18 (CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	nly one couse per line fo ED BY: TE CAUSE to:	Respurato	y anut			PROXIMATE INTER
oumofic		anditions, if any, which	DUE TO, OR AS A	CONSEQUENCE OF	cular acced	int		HRS
r other t	co	ove rise to immediate use 101, stating the derlying couse lost	DUE TO, OR AS	A LEGUENCHOF	tu Cardiova	s. Deriane		YRS
injury, o		RT 2 OTHER SIGNIFICANT	CONDITIONS CONTRIB	BUTING TO DEATH BU	T NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PAR	T 1/o:
huo smo	CERTIFICATION 130	DATE OF OPERATION	196 CONDITION	FOR WHICH OPERATION	ON WAS PERFORMED	700 AUTOPSY?	20b. IF YES, WERE FIT IN CERTIFYING CAU YES	
6 18 st	OD.	ACCIDENT WAS UNDERLYING [CONTRIBUTING [] CAUSE OF DE EITHER, NOTIFY MEDICAL EXAMINES			71c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART	T 2)
rkedor	W	INJURY OCCURRED HILE NOT WHILE OF AT WORK	71e PLACE OF INJ (AT HOME, STREET, FAC	URY TORY, OFFICE, FARM, ETC.)	711. LOCATION STREET	CITY OR TOV	VN COUNTY	ST
21 is mo	22a.	certify that ()(this hasp sow the deceased alive a above. ()(we) (did)(did n	2/2	10 79	ond that in ((our) opinion	deoth occurred on the de	ote and hour and from	, that o` (v
II. If Item	22b.	SIGNATURE	d M. a	NN)	MO ATTENDING PHYSICIAN	MEDICAL STAI	F 5	ATE SIGNED
MPORTANT	22d.	PHYSICIAN'S NAME (TYPE)	OTO		270. ADDRESS 215 0	HO An	Salile	y My
≥	730. BURIA	Tomb ment	2/5/A	79 Wiz	Mem Dark	23d. LOCATION CITY OR TOWN	CONTY	1/1/31
16		RAL DIRECTOR ME	ssub,	137 W2 10		EREC'D BY REIGH RAR	25b. REGISTRAR 9 916	NATURE

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

retained by the hospital or attending physician.

Colisiony Peninsula Conormal Compilet

MERCY.

FOR

79-05246 - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 1. DECEASED NAME MIDDLE 20 DATE OF DEATH (TYPE OR PRINT) HARRY ebruari 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR DAYS HOURS 9. BALTIMORE CITY OR COUNTY OF DEATH Wicomico 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY marine Jefferson St. LAST see item 13 APPROXIMATE INTERVAL BETWEEN ONSET AND OF ATH CONDITIONS CONTRIBUTING TO DEATH BUT NO FRELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1161 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES A NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (con) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED PHYSICIAN PHYSICIAN WESK-

Easton. Md.

Talbot, Md.

250. DATE REC'D. BY REGISTRAR 256. REC TRAP'S SIGNATUR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

24. FUNERAL DIRECTOR

Newham Funeral Home

DHMH - 16 50M 7/77 (VR A 15 (4))

19-05216 CIPI, NO. TO INSTANCE OF STANKE - on thou != Salisbury Peninsula Coneral Hospital Recognite Williams winers . I bick of mari see to another a market seek - 1 - 11 . The market is FIRE E CONTROL STEEL CONTROL CONTROL ON THE SECOND OF THE as mad Taneral Light and Alexander Date of 1979

STATE OF MARYLAND

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evods as smaa	Franklin Davis	91E/-818-1319	
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2-23-79	Deputy	relation of the	400
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The second second	maj 1s	- 14 79 New Detin	Same Street
		THE WATER AND ADDRESS.	

6	1/2			FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
0			1 -	STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO. 79-05248
	oy be		1. DEC	CEASED NAME FIRST	JAMIN DISTA 2000 JR. February 18 1979 355AM
	moy leaded	1	3 SE)		4 RACE S DATE OF BIRTH / 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
	Poge 4	7		male.	CAUCASIAN SH 4/1913 65 YRS MONIHS DAYS HOURS MIN
		21	7g. BII	RTHPLACE STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH
	funeral thin 72 dat and	10	18 01	TY OR TOWN OF DEATH	MD. WICOMICO MD.
201	by the filed w	80	5	Salisbury	Peninsula General Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
ND 21:	24 hou auld be auld be auld be	26	USUA 130 S	I RESIDENCE (IF NURSING HOME C	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) INTY 13c CITY OR TOWN YES NO PAGE 130. STREET ADDRESS YES NO PAGE 130. STREET ADDRESS
RYLA	tely 2 sh		I4 FA	THER'S NAME	MIDDLE LAST LAST MOTHER'S MAIDEN NAME FIRST MIDDLE LAST
×	comple comple	231		Benismin	Disharagn Sr. Eva Parsons
ORE	ond co	2	16a W	(AS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS VE WAR OR DATES)
BALTIN	o o o			11/4	APPROXIMATEINTERVAL
., BA	physici npapei maval.		9	PART I. DEATH WAS CAUS	MILLIPE LATIN LARDININA (IE ELANDER STEAMS
NO SI	ding orbor or rep			1889 IMMEDIA	DUE TO, OR AS A CONSEQUENCE OF
PRESTON	deat otten ove c			Canditians, if any, which	(/b)
×.	that the day the ease remain oil, cremain rather the		n,	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF
DS, 20	equires to signed Then ple to burio		NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
RECORD	n. n. beer as beer os beer ne prior ne prior ws ony i	07	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
VITAL	physicial physicial rificate h fifransit al Hygier m 18 show	읔	ERT	210. ACCIDENT WAS UNDERLYING	YES NO YES NO
	SICIAN TI ng physicia certificate priol-transit ental Hygi	7		OR CONTRIBUTING CAUSE OF DE	
DIVISION OF	G PHY of the burner of the bur		MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f LOCATION STREET CITY OR TOWN COUNTY STATE
ā	DIN or Aft				sitely attended the deceased from SEPT-MBER, 19 75 to 3/18 19 79, that (1) (We) lost
	E to Dio to To		1		at) view the body ofter death.
	he he toche toche Dep	1		226. SIGNATURE	ATTENDING MEDICAL STAFF 2/18/79
	HOSP sined be FUNE build be the the S	1	1	JOHN H.	
	- //		230 B	URIAL, CREMATION, REMOVA	STATE STATE
	BP/		24 FI	SUP / 3 /	250. DAJE REC'D, BY REGISTRAR 251 REGISTRAR 25 GNATURE
Di	HMH - 16 50M 7/77 (VR A 15 (4))		1	Comon F. K	Lenna Snow Hill Med. FEB 26 1919 18 RESIRANS STATES

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-05249 YEAR 2b. HOUR 2-14-79 6:40 Am IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS 126. KIND OF BUSINESS OR INDUSTRY LAST COMN CIT APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IN CERTIFYING CAUSES OF DEATH? YES T COUNTY

COUNTY

20b. IF YES, WERE FINDINGS USED

STATE

22c. DAJE SIGNED

STATE

DHMH-16 20M (VRA 15, 4) 7/78

FOR

- STATE

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No No No No Northware Books Score City No

BUREIL SILPS EVELORED BOLLO WAR MO

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST 26. DATE OF DEATH MONTH (TYPE OR PRINT) tar, page 3 ames 3 SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 1902 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH 70 BIRTHPLACE STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY) DIVORCED WICOMICO WIDOWED II CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION LIE NOT IN SUCH FACILITY, GIVE STREET ADDRESS! (TYPE OF WORK FOR MOST OF WORKING LIFE) filed SALISBURY PENINSULA GENERAL HOSPITAL maintance USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130. STATE 13b. COUNTY 13c CIXOR TOWN should be 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS CCOMEC YES -NO 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME ond 2 BALTIMORE, 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) npoper 18 CAUSE OF DEATH (Enter only one couse per line for , the ond ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) PRESTON 200 DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost 0 ö PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) DIVISION OF VITAL RECORDS, IFICATION 0 prior 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? be NO Hygier certificate 21a ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mental MEDICAL Jriol. (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 50 71d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION puo CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased from DIRECTOR 2/20 79 sow the deceased olive on_ and that in (my) (aux) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) did) (did not) view the body ofter death 22b. SIGNATURE DEGREE FUNERAL D + ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d, PHYSICIAN'S NAME ITYP 22e ADDRESS 0 236. BURIAL CREMATION REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION BP

emply anceve

STATE OF MARYLAND

79-05251

IF UNDER 1 YEAR

INDUSTRY

YES [

COUNTY

COUNTY

DATE REC'D. BY REGISTRAR 256. 96GISTRAR'S SIGNATURE

22c. DATE SIGNED

McCherdy

DAYS

2b. HOUR

HOURS

12b. KIND OF BUSINESS OR

NO [

STATE

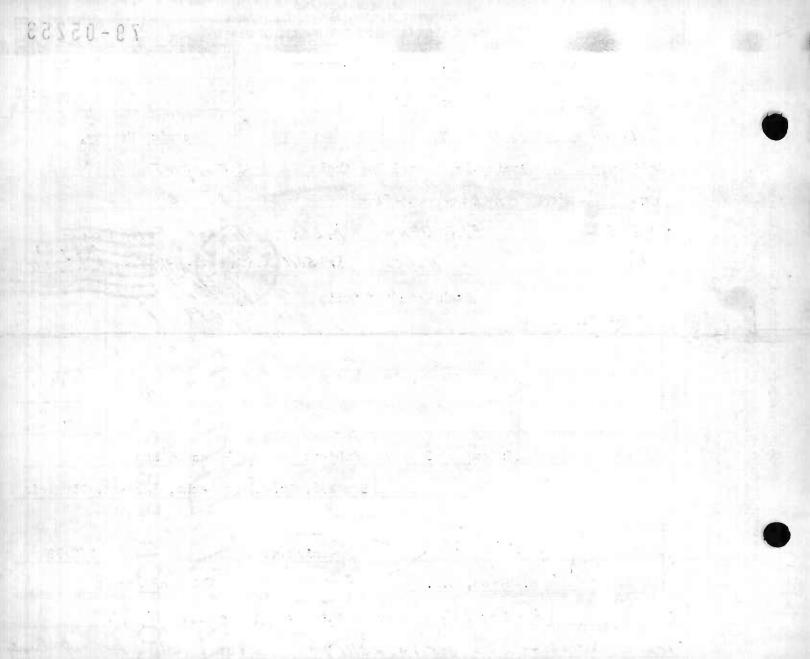
IF UNDER 24 HRS

DHMH - 16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-05252 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. . DECEASED NAME 20. DATE OF DEATH TYPE OR PRINTS 3 SEX IF UNDER 24 HRS MONTH MONTHS DAYS HOURS BIRTHPLACE STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH QUNTRY MARRIED NEVER MARRIED Wicomico WIDOWED DIVORCED T 10. CITY OF TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126. KIND OF BUSINESS OR 'RE OF WORK FOR MOST OF WORKING LIFE'S INDUSTRY Salisbury Peninsula General Hospita. BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE 160. WAS DECEASED EVER IN U.S. ARMED PORCES? ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OPUNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for 10 PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., provascular DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION p 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? à IN CERTIFYING CAUSES OF DEATH? NOF NO F and Mental Hygie 210. ACCIDENT WAS UNDERLYING 716 TIME OF INTURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Item MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION ö (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from and that in (my) (aur) apinian death accurred on the date and hour and fram the causes stated saw the deceased alive on abave, (1) (we) (did) (did not) view the bady after depthy 22b. SIGNATURE DEGREE 224. DATE SIGNED 4 ATTENDING MEDICAL STAFF should be detained FUNERAL PHYSICIAN MPORTANT: DIRECTOR PHYSICIAN 22d. PHYSICIATH'S NAME (TYPE OR PRINT 22e. ADDRESS 1 Cha not 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION BP. 24. FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 1/76 (VR A 15 (4))

STATE OF MARYLAND

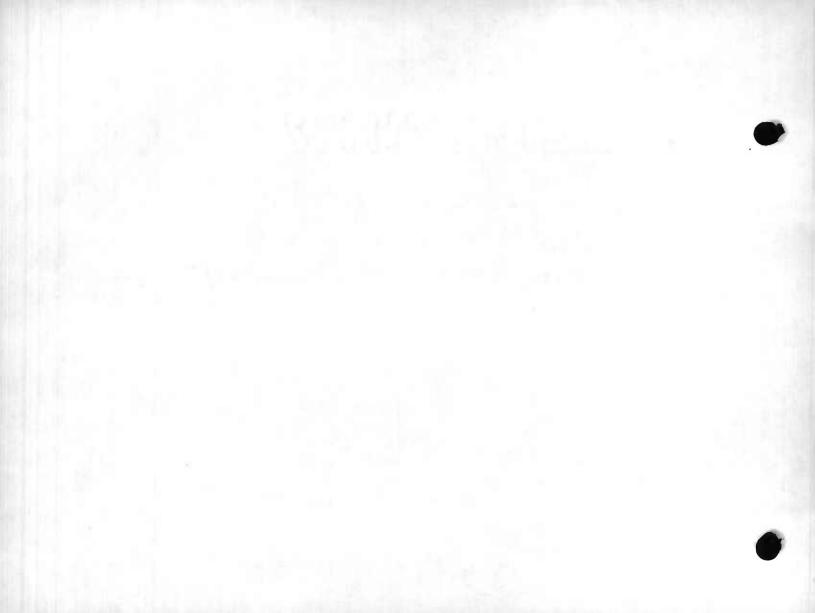


NAME: Josephine Fountain

DATE OF DEATH: February 26, 1979

PLACE OF DEATH: Wicomico County

SEE: # 79-02771
February, 1979
Allegany County



FOR

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/76 (VR A 15 (4))

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

79-05254

IF UNDER TYEAR

INDUSTRY

YES [

COUNTY

22c. DATE SIGNED

YEAR

2b HOUR

126 KIND OF BUSINESS OR

BETWEEN ONSET AND DEATH

NO [

STATE

IF UNDER 24 HR

Busine A Budage Bush my sun

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARTIAND 21201	
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.	
TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the funeral director, pages should be detached for use as the bunal-transit permit. Then please remove carbompapers. Pages I and 2 should be filed within 72 haurs after bears, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.	
IMPORTANT: If Irem 21 is marked at Irem 18 shows any injury, at other traumatic event, the medical excerned must be notified at once.	

STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-05255

250 DATE RECIDENT RECISTRAR 250 REGISTRAR'S SIGNATURE

	REGISTRAR		CERTIFICATE OF DEATH	REG. NO	. 13 00 -	00
	CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR
(1111)		5 U,	HAMMOND	FEBRU	ARY 18, 1979	8 A M
3. SE	X 4.	RACE	5 DATE OF BIRTH	AGE (IN YEARS LAST BIRT		IF UNDER 24 HRS
	M	CAU	MONTH BAY CYATE	65	YRS DAYS	HOURS MIN
70. B	IRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTR	Y? MARRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
1	MRYLAND	USA	WIDOWED DIVORCED	Wicomico		MD
10 C	ITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURS	SING HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATI		F BUSINESS OR
- 5	Salisbury	Peninsula		1 1 1 11	ER	
USU 13a	AL RESIDENCE (IF NURSING HOME OR O'STATE 136 COUNT		ORE ADMISSION)	13e STREE ADDRESS		
IA	ARYLAND V	11e HOWE	LL Y1 LL YES NO IX	RT.		
14 F/	ATHER'S NAME	DDL60 1 LAST	15 MOTHER'S MAIDEN N	AME	1 - 1/45	ĭ
	MILLIAM	H, HAMM	IUNB MART	"HA	4E MIS	5
	WAS DECEASED EVER IN U.S. ARMI			ADDRE	POWELL	YILLE
	1/8	12-16	-790\$ VEORK	= MIHAM	MUND N	110
	18 CAUSE OF DEATH (Enter only		and (cm)		APPROXI. BETWEEN C	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUSED IMMEDIATE		i Shuch			
	1629	DUE TO, OR AS A CONSEC	DUENCE OF.	,		
	Conditions, if any, which	(b) Small	all levernoma	1. ling		
	gove rise to immediate	DUE TO, OR AS A CONSEG		0		
	underlying cause last	(6)	VOLINCE OF			
	PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART 10) !
CERTIFICATION						
CAT	19a DATE OF OPERATION	19b. CONDITION FOR WHI	CH OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDIN	GS USED
TIF				YES NO	YES []	NO [
CER	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH		RRED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)	
AL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19			
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	21f. LOCATION	CITY OR TOV	n county	STATE
Σ	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFR	LE, PARM, ETC.)	C117 OK 10*	COOKII	JIAIE
	22a.l certify that (I) (the hospital) ottended the deceased from	1 19 9	, to	1924	that (I) (ma) last
	sow the deceased alive on oboves (1) (we) (did) (did not)	view the body ofter death.	74 , and that in (my) (our) apinio	n death accurred on the de	ate and have and from the	couses stated
	226. SIGNALURE	^	DEGREE		22c. DATE	SIGNED
	Many	O MM)	ATTENDING PHYSICIAN	MEDICAL STAN		8.79
	22d. PHYSICIAMS NAME (TYPE OR P	RINT)	22e ADDRESS			E. Dall
. "	2 grow y	GRASSO	PGH SA	LISBURY MD		
23a	BURIAL, CREMATION, REMOVAL		C NAME OF CEMETERY OF CREMATORY	23d LOCATION		A 67.4%
	SPECIEX	2/27/79	MIPIONSANI	- SITY OR TOWN	COUNTY	11-19-

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

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Poninswis General Pospites | V

STATE OF MARYLAND

655 W. Balto. St. Balto., Md.

FOR - STATE

(VR A15 ME (5))

30M 7/73

Anatomy Board

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH KNOWN X 20. DATE DEATH MATED 79 19 2d 2HOUR 19 79 9. BALTIMORE CITY OR COUNTY OF DEATH Wicomico County 120. USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS OR INDUSTRY Seafood 226 Lake Street LAST ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY? YES X NO [COUNTY STATE and in my opinion

COUNTY

STATE

The state of the s

PRINCESS ANNE. MD

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

79-05259

DAYS

LAST

NO [

STATE

STATE

IF UNDER 24 HRS

HOURS

FOR

- STATE

DHMH - 16 50M 176 (VR A 15 (4))

24. FUNERAL DIRECTOR

R. WILSON

BP.

DHMH - 16 50M 7/77 (VR A 15 (4)) FOR

- STATE

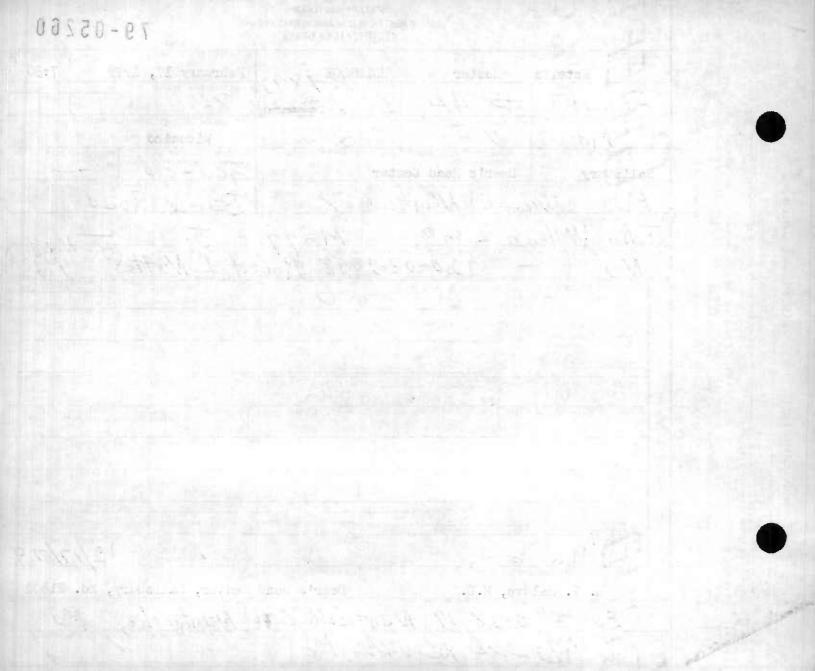
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-05260

		REGISTRAR			CEKITI	ICAIE OF DEATH		REG. N	10.	0 00		
		CEASED NAME	FIRST	MIDDLE		LAST	20.	DATE OF DEATH		DAY YEAR	26 HOUR	P
	TITE	ORPRINIT	Estella	Hester	HOL	BROOK , DO	. 1	February	17,	1979	7:30	M
	3. SE	Fem	7/e	TA AA	5. DATE (OF BIRTH YEAR	Z 6 A	GE (IN YEARS LAST BIR	THDAY	IF UNDER I YEAR	IF UNDER 24 H HOURS MI	
37		OUNTRY)	ATE OR FOREIGN	76 CITIZEN OF WHAT COUNTI	RY? 8 / MARRIE WIDOWE	D NEVER MARRIED (9.8	Wi con	OR COUN		108	MD.
91	9	Salisbu	ry	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STI Deer's Head	Center	OR OTHER INSTITUTION	126 (TV	USUAL OCCUPAT	TION OF WORKING	126 KIND C INDUSTRY	F BUSINESS	OR
ansu 24	#3a. S	PIJ	136, COUN	ROTHER INSTITUTION, GIVE RESIDENCE BE NTY 13c OITY OR TO		134 INSIDE CITY LIMITS		STREET ADDRESS	10	Road		
220	0	ohn	Willia	am Long		15 MOTHER'S MAIDEN FIRST Mag	MAME"	ADDR		LAS	M	_
le medico		YES, TO OR UNKNO	DEVER IN U.S. AR	ewar or dates)	03-2	898 RO	600	+ L.N	10.4	ter.	Md.	city
event, tn		PART I. DE	ATH WAS CAUSE	nly one couse per line for (a), (b), ED BY: TE CAUSE (a)	end ici.	igu			9	BETWEEN	MATE INTERVAL ONSET AND DEA	TH_
diner traumatic		gove rise	if ony, which to immediate stating the couse last.	DUE TO, OR AS A CONSE		0						
inlory, o	ATION	PART 2. OTHE	ER SIGNIFICANT (CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TE	ERMINA	L DISEASE OR CON	ADITION (GIVEN IN PART 10	31	
2	RTIFICAT	196 DATE OF	OPERATION /	196 CONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED		YES NO NO		YES, WERE FINDIN TIFYING CAUSES YES [
9	EDICAL CE	OR CONTRIBUTION	WAS UNDERLYING UNDERLYING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCC	CURRED	(ENTER NATURE OF INJU	JRY IN STEM S	8, PART I OR PART 2		
drived or	MEDI	21d INJURY C	NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	ICE, FARM, ETC.]	211. LOCATION STREET		CITY OR TO	WN	COUNTY	STATE	
É			that (1) (this haspi deceased plive on	ital) attended the deceased fro		. 19.		to	1 . 11		that (I) (we)	
и нев		gbove, (I) 22b. SIGNATU	(we) (did) (did no	t view the body ofter death.		nd that in (my) (aur) apini DEGREE ATTENDING PHYSICIAN	G M	STARECTOR PHYSI	\FF	27c. DATE		9
S S			N'S NAME (TYPE O		and the	22e. ADDRESS	ad C	onton S	11 ch	war Md	21801	
Ž	23a F		TION, REMOVAL	dve, M.D.	3c NAME OF C	Deer's He		enver, Se	TTTP	dry, Ed.		_
		SPECIFY) BU	lary	2-28-79	Nan	ticolle Ce	44	Nor Town	cole	e a A	STATE	
101	24 FL	UNERAL DIREC		. 1	7	A A 250. [DATE RE	C'D. BY REGISTRAF	256. REG	ISTRAR'S SIGNAT	URPLOOIS	

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20. DATE OF DEATH MONTH DECEASED NAME TYPE OR PRINTS Mabel HOLBROOK February 4. RACE 5. DATE OF BIRTH IF UNDER I YEAR # UNDER 24 HRS DAYS HOUR5 BALTIMORE CITY OR COUNTY OF DEATH Ja. BIRTHPLACE STATE OR OREIGN MARRIED NEVER MARRIED COUNTRY) Wicomico DIVORCED [WIDOWED HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USVALOGCUPATION 12h KIND OF BUSINESS OR WORK OR MOST OF WORKING LIFE er's Head Center INDUSTRY Salisbury Deer's ovarer USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 130 COUNTY 131 CITY OR JOWN 13d INSIDE CITY LIMITS? NO X 4 FATHER'S NAME OTHER'S MAIDEN NAME DECEASED EVER IN U.S. ARMED FORCES? ADDRESS (YESTING OR UNKNOWN) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES NO IT 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH YEAR DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19

21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK

22a.1 certify that (1) (this hospital) attended the deceased from. saw the deceased alive on _____, and that in (my) (our) opinion death accurred an the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the bady after death.

22b. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN

22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

Deer's Head Center, Salisbury, Md. 21801

STATE

Ritchings, M.D. 230 BURIAL CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION

DHMH - 16 50M 7/77 (VR A 15 (4))

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19-05261 Mile 3 - June 1 Mit Warren . A REL SELECTE MILE MILE THE CALL THE STATE OF THE STATE THE BOY BEYELFORD STATES OF THE WALL THE former than the property of th THE SECOND THE PROPERTY OF THE SECOND STATES OF THE

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	16		CEASED NAME	FIRST		MID	DDLE		LAST		20	DATE K				YEAR	2h HOUR
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	RECTOR. RECTOR. RECTOR. R FILES. PHOURS	3 SEX	le	White	MONTH	BIRTH 190	YEAR LAST B		JNDER 1 YR.	IF UNDER 2		. DATE	ED	MONTH 2	15	YEAR	7:58P
	ARY ON YOU				Aug	OF WHAT		YRS.			-	DEAD					· 70 K
	NECESSARY, PLEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS	FO	RTHPLACE (STA REIGN COUNTRY) (aryland			U.S.A.			RIED NE	VER MARRIE DIVORCE	D	Wic	omic	_	NIY OF D	DEATH	MD.
	PAGE FILED	S	alisbur	У	Peni	nsula	L, NURSING H GIVE STREET ADOR General	Medi	cal Ce	neter	120. USUA FORMO Re	L OCCUPA ist of worku tired	MG UFE)	Stat	tion	Owne	SINESS
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BALTIMORE,	URS AFTER DE B. GIVE PAGE WITH FORM PAGES 1 AN DIVISION OF	lóa V		EVER IN U.S. AR/	MED FORCES WAR OR DATES)		SOCIAL SECT		17. INFOR		udson	_	Modres itlar	ruit	land,	BLV	
	NE N		18 CAUSE OF PART I DEA	DEATH (Enter on TH WAS CAUSED IMMEDIAT	D BY: TE CAUSE (a)	Acu	te Con	gestiv	e Hear	t Fail	lure					PROXIMATE VEEN ONSET 115.	INTERVAL AND DEATH
W. PRESTON ST.,	VER ALI			, if any, which	DUE		consequence conseq		s						1	0 Yr	S.
301 W. I	XECUTED WITHIN 24 IG" IN PENCIL IN ITE CAL EXAMINER ALO I BURIALTRANSIT PEI ON, OR REMOVAL.			tating the <u>under</u> -	DUE	TO, OR AS A	CONSEQUEN	CE OF									J.
DS,	SEC AL BUILDING		PART 2 OTHER SIGI	HIFICANT CONDITIONS	CONTRIBUTING T	O DEATH BUT NO	OT RELATED TO THE	TERMINAL DISE	ASE OR CONDITIO	N GIVEN IN PART	T 1 (a).				_		
Ö	PENDING PENDING F MEDIC ED AS A E HEALTH A REMATIO	S					Infarc										
AL REC	S S S S S S	ICATI	19a. DATE OF C	PERATION	19b. (CONDITION	FOR WHICH C	PERATION	WAS PERFOR	MED?						UTOPSY?	
DIVISION OF VITAL RECORDS, 301	FICATE SI THE WOR TO THE COULD BE RIMENT TO BURN	CAL CERTIFICATION	210. EXTERNAL UNDERLYING CONTRIBUTIN	CAUSE WAS		TIME OF INJUDE A.M. MC	URY ONTH DAY	EAR	HOW INJURY	OCCURRED) (ENTER NA	TURE OF INJUR	RY IN ITEM 18	PART 1 OR F		ES 🗌	NO K
DIVISI	JER: THIS CERTING FORWARDED 1 DR: PAGE 3 SH HE STATE DEPA D, 21201 PRIOR	MEDICAL	21d INJURY OF WHILE AT WORK	CURRED	21e F	PLACE OF IN	JURY (AT HON		OCATION STREET			CITY OR TOWN	٧	c	COUNTY		STATE
	MAINE TIFICA BE F BE F TH TH		22a. I certify death resulted	that I taak charg I fram: Natur	e af the remo	_	d abave, held d	suicide		Inspection	-	Inquiry [nd in my o	pinian		
	TO MEDICAL EXA EXECUTE THE CER PAGE 4 SHOULD TO FUNERAL DIR AFTER DEATH, WI BALTMORE, MARY		ACTUAL SIGNATURE	John	.60	32	absile	1	M.D.	puty	MEDIC	AL EXAMI	NER	DATE	NED 2-	-16-1	979
	TO MEDI EXECUTE PAGE 4 TO FUNE AFTER DE BALTIMO	1	EXAMINER'S N (TYPE OR PRIN	Dr. U	John T	• Bulk		1		ine B			Salis	sbury	y, Mc	1. 21	801
	Bb DX 4 D A A	23a.B	URIAL, CREMATI Burial	ON,REMOVAL 2	36. DATE 2-18-	1979	23c. NAME OF Sprin		OR CREMAT		23d. LOC CITY OR Sa	ATION lown lisbu	ry.	Wico	Mico.	Mar	yland
	DHMH - 17		UNERAL DIRECT			-0				25a. DATE RE	EC'D. BY R	EGISTRAR	25b. REQ	ISTRAR'S	SIGNAT	J.RE	0
	(VR A15 ME (5)) 15M 7/77	Н	iiii-Bak	er-Boun	ds S	alisb	ury, M	arylar	nd	FER	3 23	1979	Jus	tray.	Breis	resoly	

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		STATE REGISTRAR			ME		EXAMIN	ER'S C	ERTIFI	CATE	OF DEA		REG.	7.9 -	05	264	
ET S. S. T.		CEASED NAME E OR PRINT)	ELL I	TTC		EDWA	RD	JC	HNSC	N		20. DATE OF DEATH	KNOWN ESTI- MATED	□ MONT		9 ₁₉	26. HOUR A
1-0-2-	3 SEX	ale	AA.	5 DATE MONTH	OF BIRTH	18	6. AGE (IN YE) LAST BIRTHDA	MONTH	DER 1 YR.	IF UNDER	R 24 HRS.	2c. DATE PRONOUN DEAD	NCED	2-8-	79 DAY	YEAR 1:	2d HOUR : 30A
F ANY DELAY IS NECESSARY, P AND 3 TO THE FUNERAL DIRE RETAIN PAGE 5 FOR YOUR HOULD BE FILED, WITHIN 72 H RECORDS, 301 W. PRESTON S		RTHPLACE (ST	ATE OR	7b. CITI2	ZEN OF W	S K	TRY?	8. MARRIE	0	VER MARR				Y OR COU	NTY OF	DEATH	MD
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MD. 21201 ATH. IF ANY DEL T. 2. AND 3 TO B 2. SHOULD BE TALKECORDS,	13a. S	TATE	d . 136 COUNT	COL		13c CITY	BEFORE ADMISSION OR TOWN		13d. INSIDE C	CITY LIMITS?	130. STR Rt.	EEI ADDRE	SS Box	180,	01	d Al	len
RE, MD. 2 R DEATH. 1 AGES 1. 2. RM PM 3. I AND 2 S OF MA	14. FA	THER'S NAME	TER	MIDDLE		JAH	IAST SO	N	15. MOTH	ER'S MAID	EN NAME		NDDLE			IASP	Rd.
AFTE NE PATE NE PATE SION		VAS DECEASEE		AED FOR VAR OR DA		16b. 500	9-14-	3091	17 INFOR	MANT	p -	JAH	ADDRE	SS	211	0,11	MD
		18. CAUSE OF PART I DE.	F DEATH (Enter only ATH WAS CAUSED	BY:	111		ond(c).)	emor	rhag	ge				' 	BET	APPROXIMATE	AND DEATH
in = 4 = 7 9			s, if any, which e to immediate				hosis		Live	ər					1	years	3
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TAL RECORDS, 3C HOULD BE EXECU RED "PENDING" IN CHIEF MEDING" IN OF HEALTH AND OF HEALTH AND N. CREMATION, C	NOI	PART 2 OTHER SIG	ENIFICANT CONDITIONS <u>C</u>	ONTRIBUTI	NG TO DEATH	BUT NOT RELA	TED TO THE TERM	NAL DISEASE	OR CONDITIO	IN GIVEN IN PA	ART 1 (a).				71		
VITALRE SHOULD ORD "PEI CHIEF / BE USED IT OF HEL	CERTIFICATION	19a. DATE OF	OPERATION	19	Pb. CONDI	TION FOR	WHICH OPER	ATION WA	AS PERFOR	MED?						AUTOPSY?	NO T
ON OF V		UNDERLYING	CAUSE WAS OR OR CAUSE OF D	1	Ib. TIME O HOUR A.A P.A	M. MONTH	DAY YEAR	21c. HO	W INJURY	OCCURRE	ED (ENTER	NATURE OF INJ	JURY IN ITEM	18 PART 1 OR	PART 2)		
DIVISION OF VITAL R. THIS CERTIFICATE SHO TE, WRITING THE WORD SWARDED TO THE CHI PAGE 3 SHOULD BE US STATE DEPARTMENT OF 21201 PRIOR TO BURAL.	MEDICAL	21d, INJURY O WHILE AT WORK	NOT WHILE AT WORK	2		OF INJURY TORY, FARM, ET			REET			CITY OR TOV	WN		OUNTY		STATE
IINER: T FICATE, T FORW TOR: PA THE ST.		PC LILL TO A	y that I taak charge		(AMERICA)	scribed aba		Autops	y ,	Inspectio		Inquiry ermined ma	_	and in my	apinian		
M EXAM HE CERTIII OULD B AL DIRECT H, WITH		ACTUAL SIGNATURE_	1	l.	K	~			TITLE (S	PECIFY) puty		ICAL EXAM	1	DAT SIGI	E 2	2-8-7	9
TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV. TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 21;	-	EXAMINER'S I	NAME Earl	L.	Roy	er,	M.D.		ADDRESS 1	09 C		n Av				ry,	Md.
Bb————————————————————————————————————	23o. B)	PRIAL CREMAT	ION, REMOVAL 23	DATE	15-7	9 7	LLM Y	TERY OR	CREMATO	IN P	13440	CATION OR JOWN	7	119	DUNTY	7	na .
DHMH - 17 (VR A15 ME (5)) 15M 7/77		NERAL DIRECTOR	oks Fun	era	1 Ho	me,	Salis	bury	, Md	250. DATE		REGISTRA	R 25b. RE	GISTRAR'S	SIGNA	TURE !	

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	Nest-Pooks Sunoral Rose, Sullabury, Mc. S-p.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month (Type or Print) ESTI-ONES O AM Poge 0 DEATH MATED ment 6. AGE (In years IF UNOLR 24 HRS. 3. SEX 4. RACE S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR and M3. Doy 10 10 am 3-18-23 55 YRS 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH the Chief Medical Examiner's Office along with form country) DIVORCED [WIDOWED 12 160mico State 8. Give Pages M. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR during most of working life, even if refired.) INDUSTRY give street oddress) SIGANCE 130. USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Md. 13b. COUNTY OVER BROOK SALISBURY YES NO pages land 2 in Item 1 14. FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost LEE ELLORTH MARY 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT within pencil **ADDRESS** (Yes, no, or unknown) OVER BROOK 213-14-7856 JONES ON APPROXIMATE INTERVA event within be executed 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND GEATH permit. PART I. DEATH WAS CAUSED BY pending IMMEDIATE CAUSE (0) CORCURA minutes occiusion DUE TO, OR AS A CONSEQUENCE OF burial-transit hu nenteusive anteniosclenatic disease Conditions, if ony, which gove Urs rise to immediate couse (a), dny the word This certificate should DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .5 should be farwarded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) writing 00 alzesilu used 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? certificote. NO E pe 10 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. cremation. CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) moy be retained for your FUNERAL DIRECTOR: Page WHILE NOT WHILE AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy . Inspection Inquiry 4 and in my opinion death resulted fram: Natural causes Accident ... Suicide [Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 5 moy O FUNE Health NAME (Type) John T. Bulkeley, M.D. ADDRESS(Street, city, town, or county) BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) GREEN ACRES MEMILAL PC SALISBURY FUNERAL DIRECTOR **ADDRESS** 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15ME (5) 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

Landonn T. Salkeley, M.D.

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오늘 등 등 등 등	10. CI	TY OR TOWN O	OF DEATH	11. NAME OF HOSP	ITAL, NU	RSING HOME	, OR OTH	ER INSTITUT	ION		AL OCCUPA		YPE OF WORK	12b KIND OF OR INDU	BUSINESS
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21201 IF ANY SHOUL		aryland		comico		ttsvil	le	YES 🗌	NO 🗆		ts Ave				
53.7	-	THER'S NAME						15. MOTHE	R'S MAIDEN	N NAME	MID	DIE		LAST	
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MORE, MD TTER DEATH FORM PM FORM PM SS 1 AND 2 ON OF VITA	16a V	VAS DECEASED	EVER IN U.S. ARA	AED FORCES?		CIAL SECURIT	Y NO.	17. INFORM				ADDRES			
BIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DE STE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GWE PAGE DRWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM R. PAGE 3 SHOULD BE USED AS A BURBLITRANSIT PERMIT. PAGES 1 AN ESTATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF ESTATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF ESTATE DEPARTMENT.	N	ES, NO, OR UNKNOY	WN] IF YES, GIVE	WAR OR DATES)	21.	3-24-4	267	Mr.	Paul	Н.	Jones	(hus	sband) same	as 13
BAIL PAIL PAIL DIVE			DEATH (Enter and	y ane cause per line f	gr (g) (h) and (c))						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		APPROXIM	ATE INTERVAL
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S, 36	1.00	PART 2 OTHER SIG	NIFICANT CONDITIONS	(C)(C)(DNTRIBUTING TO DEATH BI	IT NOT REL	ATEO TO THE TERM	INAL DISEASE	DP CONDITION	CIVEN IN BART	T 1 (=1					
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DIVISION OF VIT S. CERTIFICATE SH RITING THE WOR RDED TO THE CI RDED TO BURIAN		UNDERLYING	OR		MONTH	DAY YEAR									
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INER: ICATE, TOR: THE S ND, 21	14	22a. I certif	y that I taak charg	e af the remains desc	ribed abo	ove, held an	Autop	sy 🔲,	Inspection	LXI.	Inquiry	XJ, _	and in my a	pinian	
EXAMINER: CERTIFICATE UID BE FOR DIRECTOR: ARYLAND, 2	1/-	death resulte	ed fram: Matur	al causes K.	Accident	L. Su	icide 🔲	Hamic	ide 🔲	Undeter	rmined man	iner],		
EXAMIN CERTIFIC ULD BE DIRECTO WITH T	1	ACTUAL	19	0 6				TITLE (S	PECIFY)				DATE	0	
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TO MEDICAL EN EXECUTE THE CI PAGE 4 SHOUL ATO FUNERAL D ATO FUNERAL D BALTMORE, MA		(TYPE OR PRIN	II) Ear	l L. Royer		D.		ADDRESS_				٠, ٥	allso	ury, Ma	Гутапи
P E E E	(8	SPECIFY]	ION, REMOVAL 2			NAME OF CE				23d. LOC	RIOWN	Y. T -	CO	JNTY	STATE
BP/		urial		2/10/79	Mt	. Plea	sant			ECT (B) AND	heoless) =			r, Mary	
DHMH - 17 (VR A15 ME (5))	24. F	UNERAL DIREC	TOR	ADDRESS		3.6			25a. DATE	T Bay	REGISTUR	D. KE	GIQ IKAKS	SIGNATURE	rody
15M 7/7A	H	YAWO, LIO	FUNERAL	HOME Sal	ichi	mar, Ma	rylar	nd					-		

inding physician and completely filled in by the funeral direct corbonpopers. Pages 1 and 2 should be filed within 72 hours

attending physician

requires that the death certificate be executed within 24 hours ofter

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician of must be natified at once.

MPORTANT: If Hem 21 is morked or Hem 18 shows any injury, ar other traumotic event, the medical examin

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physics should be detached for use as the burial-transit permit. Then please remave corbonapope with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or remaval

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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ľ	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	9-03203
	ECEASED NAME FIRST	MIDDLE	TÄÄT	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
	MARGAF		Lankford	February 2	7
3 S	EX	4 RACE	5 DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
	female	white	April 8, 1923	55 v	RS.
	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8	9 BALTIMORE CITY OR COL	
7	COUNTRY)	TTC' A	MARRIED A NEVER MARRIED	Wicomico	
10 (Virginia	USA	WIDOWED DIVORCED JRSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSINESS C
10	CITT OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE	STREET ADDRESS)	(TYPE OF WORK FOR MOST OF WORK	NG LIFE) INDUSTRY
	Salisbury UAL RESIDENCE (IF NURSING HOME C	Peninsula (General Hospital	Social Wor	rker
USI C3n	UAL RESIDENCE (IF NURSING HOME C STATE 138 COL	OR OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)	S? 13e STREET ADDRESS	
-		erset Pocon		Westover	Road
	FATHER'S NAME	erset Focol	15. MOTHER'S MAIDEN		moac
	FIRST	MIDDLE LAST	FIRST	WIDDLE	LAST.
	Charles	Elmo			Hughes
	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL VE WAR OR DATES)	SECURITY NO. 17 INFORMANT	ADDRESS	Westover Rd.
	no		6-3508 Stanley	E. Lankford.	Jr. Pocomoke, M
	1	inly one couse per line far (o), (b		2 - 200, 200 0200	APPROXIMATE INTERVAL
NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED TO THE T	TERMINAL DISEASE OR CONDITION	I GIVEN IN PART 1(0)
CERTIFICATION	190 DATE OF OPERATION	19b CONDITION FOR W	HICH OPERATION WAS PERFORMED		FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \(\bigcap \text{NO} \(\bigcap \)
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	HOUR A.M. MONTH	DAY YEAR	CURRED (ENTER NATURE OF INJURY IN ITE	4 1B, PART 1 OR PART 2)
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	P.M. 21e. PLACE OF INJURY	21f LOCATION		
ME	WHILE AT WORK AT WORK	(AT HOME, STREET, FACTORY, O	FFICE, FARM, ETC.}	CITY OR TOWN	COUNTY STATE
		orral) attended the deceased f	rom 1/9 19.7	9 10 2/21	, 19 <u>,</u> that (I) (we) I
	sow the deceased alive a	7/21	19 79 , and that in (my) (our) opin	nion death occurred on the date and	hour and from the couses stated
	22b. SIGNATURE	ot) view the body ofter death.	DEGREE		22c. DATE SIGNED
	1 COU		MAN ATTENDIN	G _ MEDICAL STAFF	ZZC. DATE STOTED
1	in non		PHYSICIAL	N 🖺 DIRECTOR 🗌 PHYSICIAN]
	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS		
23a	BURIAL, CREMATION, REMOVA	L 23b. DATE	234 NAME OF CEMETERY OR CREMATO	RY 23d. LOCATION	COUNTY STATE
	Burial	2/24/79	Pitts Creek Pre	COM DOCOMO	4.4
24	FUNERAL DIRECTOR	16/67/17		S. Cem. Pocomoke	
C	NAME NAME	ADDRE	55	EB 26 1979	Try Millians
	VALIE AVIIIVA	Pagamal	EM Tertify of		

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DHMH - 16 50M 1/76 (VR A 15 (4))

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W. PRESTON ST., BALTIMORE,

STATE OF MARYLAND

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				VIII.		

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-0527

FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH (TYPE OR PRINT) HADIE Littleto ebruar 3. SEX 4 RACE AGE (IN YEARS LAST BIRT DAY) 889 O. BIRTHPLACE ISTATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED DIVORCED Wicomico NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY FOR MOST OF WORK Salisbury Peninsula General Hospital SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

104 STATE 134-GTY OR TOWN BERLI 13d INSIDE CITY LIMITS? 13e STREET ADDRESS OR 0 5RL1 LOAD 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST MIDDLE

160. WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, WE WAR OR DATES) APPROXIMATE BETWEEN ONSE 18 CAUSE OF DEATH Enter only one couse per line for (a), (b), and (PART I. DEATH WAS CAUSED BY 101 IMMEDIATE CAUSE (0 OR AS A CONSEQUENCE OF gove rise to immediate couse to, stating anteniosclenosis

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIE 206. IF YES, WERE FINDINGS USED

19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOL

21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED FENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19

21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

AT WORK

220.1 certify that (1) (this haspital) attended the deceased from.

211 LOCATION

2 - 9

CITY OR TOWN

COUNTY STATE

NO [

2-18 79 and that if (my) (our) opinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

Bulkeley

22e. ADDRESS

Pine Bluff Road, Salisbury,

230 BURIAL CREMATION REMOVAL 236. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION

CERTIFICATION

MEDICAL

m 18

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

PHYSICIAN TO DIRECTOR PHYSICIAN

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

D IRE

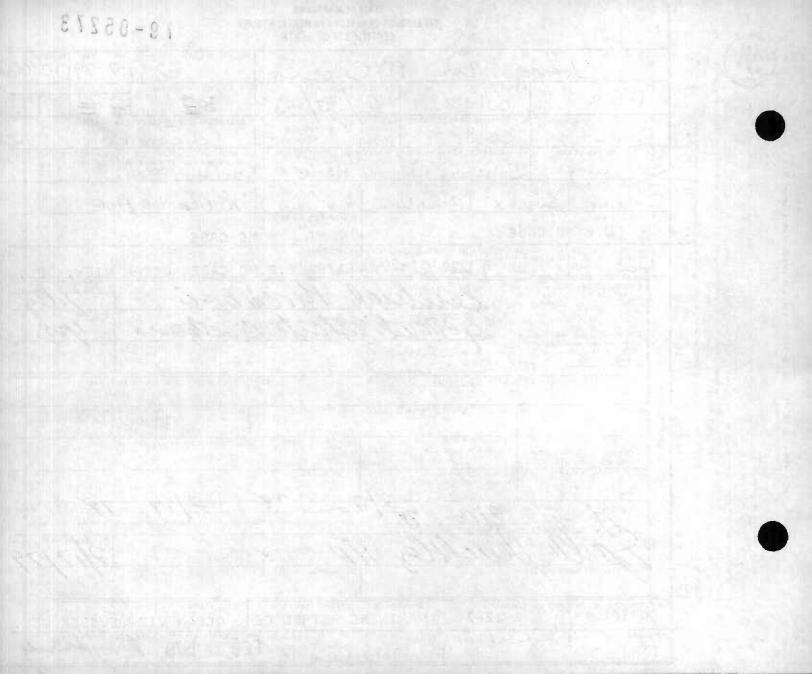
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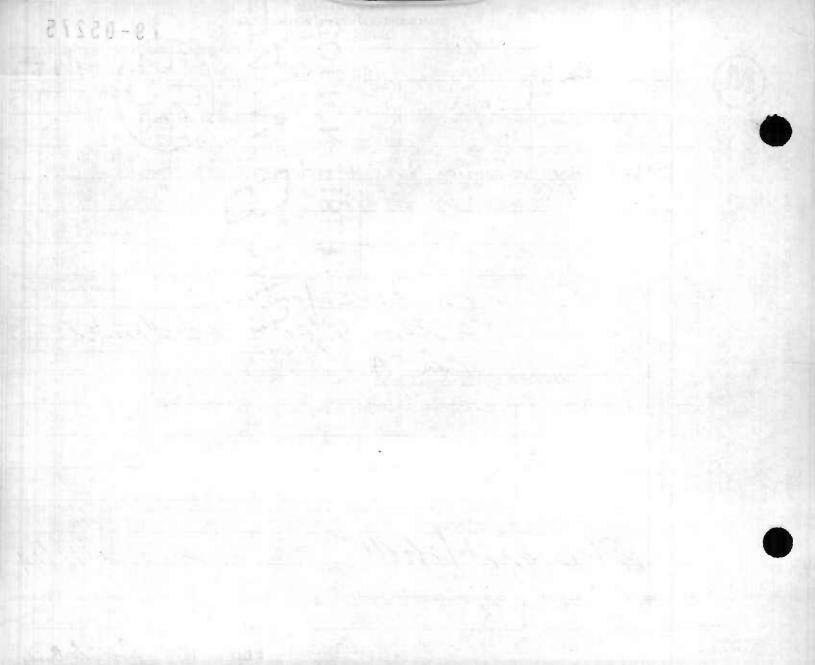
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	1 -	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	-052	72
		CEASED NAME FIRST	WIGGE	i	AST	26. DATE OF DEATH MONTH	DAY YEAR	2b HOUR
ay be age 3 death	(TYPE	ORPRINT) Elmer	L. LLOYD			ebruary 17, 19	79	8:05 am
Ter b	3. SE)	(4 RACE	5. DATE C		& AGE (IN YEARS LAST BIRTHOAY)	MONTHS DAYS	HOURS MIN
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d (2)		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	2 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COUN	ITY OF DEATH	
\$ (Est) \$		ryland	U. S.	WIDOWE		Wicomico		MD.
	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI		OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING		OF BUSINESS OR
by ##	_	Salisbury	Deer's Head Cer	nter		furnace oper		
hau din	USU /	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFO NTY 130. CITY OR TO	RE ADMISSION)	1136 INSIDE CITY LIMITS?	13e STREET ADDRESS		71 13 15 70
fille ould			bot Eastor		YES NO	Miles River	Road	
rely 2 sh ine		THER'S NAME		10	15. MOTHER'S MAIDEN NAM	ME	315-32	
and	,	Charles Llo	MIDDLE LAST		Alice	Mae Smith	LAS	ST
d cor		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRES O	Box 3.	32
Page T		ES, NO OR UNKNOWN) (IF YES, GIV	216-03-	-0190	Merle R. Li		on, Md.	
te b sicial ol.		18 CAUSE OF DEATH Enter or						ONSET AND DEATH
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tend tend an, o		776	DUE TO, OR AS A CONSEOL	JENCE OF	66 truction	i kun dir	1	1
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on	CERTIFICATION					YES NOW	YES T	NO [
Asica Sica Sica Sica Sica Sica Sica Sica S	CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2)	
phy phy refine to the tree to		OR CONTRIBUTING CAUSE OF DE		DAY YEAR				
HYSIG ding ding is ce burid Men ar He	MEDICAL	21d. INJURY OCCURRED	210. PLACE OF INJURY	19	211. LOCATION			
atten atter ter this s the h and rked a	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
ADIN or or sealth			ital) attended the deceased from.			, to		that (I) (we) lost
TTEN Pirtole TOR for a		sow the deceased plive on	of) view the body ofter death.	, or	nd that in (my) (our) apinion (death accurred on the date and	hour and from the	couses stated
REC REC spt.		226 SIGNATURE	A A		DEGREE		22c. DATE	SIGNED
the the control of th		Williate	lue, W	5	ATTENDING PHYSICIAN	MEDICAL STAFF		
by by Story		22d. PHYSICIAN'S NAME (TYPE C	OR PRINT]		22e ADDRESS	J DIRECTOR OF PHILSICIAIN		
hose hained by the the NPORT		Leonid V. Mal	dve. M.D.		Deer's Head C	enter, Salisbur	y, Md.	21801
5 € 5 € 3 ₹	23o. B	URIAL CREMATION, REMOVAL		NAME OF C	EMETERY OR CREMATORY	736 LOCATION		STATE
BP	B	specify) urial	2-21-1979	ak La	างงา	Baltimore.	Baltimo	ore. Md
IMH - 16 50M 7/77	24 FL	INERAL DIRECTOR			25a. DAT	E REC'D. BY REGISTRAR 256. REG		
(VR A 15 (4))		Newnam Funer	al Home ADDREE	aston,	Md.	EB 26 1979	intry to	Brooks



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-05274 - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2a DATE OF DEATH 2b HOUR (TYPE OR PRINT) CONA 3 SEX 4. RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS HOURS MIN FRMALE BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Wicomica WIDOWED DIVORCED F 10 CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 120. USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUGAT ACILITY GIVE STREET ADDRESS) INDUSTRY 15 baks SIDANC SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 1136 CQUNTY SALISBURY 13d INSIDE CITY HMITS? 13e STREET ADDRESS ma. DICE 14 FATHER'S MAME 15. MOTHER'S MAIDEN NAME MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOC AL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) MC Bluk AJE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for al, tb , and ic PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., 600 1V510V DUF TO, OR AS A CONSEQUENCE OF D rteriosclerosis Conditions, if ony, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 190 DATE OF OPERATION 206 IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? be YES [NO F Нуд 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 211 LOCATION ö 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE 220 1 certify that (b) (this haspital) attended the deceased from 10/26 19 saw the deceased alive on_ 1979 and that in my (our) apinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after death 22h SIGNATURE DEGREE 22c. DATE SIGNED + ATTENDING MEDICAL should be deto with the State IMPORTANT. ann PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS RANK Weaver 23d. LOCATION 230. BURIAL, CREMATION REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) MEMBKI KOLKE 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE DHMH - 16 60M 1/75 (VR A 15 (4))



	CEASED NAME FIRST BONNie	Lynn	Meredith	OF ESTI- DEATH MATED 2	9 1979 2b. HOL
	emale White Ma	rch 18,1953 25	IN YEARS IF UNDER 1 YR. IF UNDER 24 H RTHDAY) MONTHS DAYS HOURS MIN YRS.	PRONOUNCED DEAD 2	9 19 79 2d HO
Sa.	Lisbury, Md.	USA	8. MARRIED 🖾 NEVER MARRIED [WIDOWED 🔲 DIVORCED [□ Wicomico Coun	ity,
Sa	lisbury	NAME OF HOSPITAL, NURSING H IF NOT IN SUCH FACILITY, GIVE STREET ADDR eninsula General	Hospital	FOR MOST OF WORKING LIFE)	Restaurant
13a. S	ALRESIDENCE (IF IN NURSING) OME OR OTH TATE DAY COUNTY APYLAND WICOMI	13c. CITY OR TOV	/N 13d, INSIDE CITY LIMITS? 13e. 11e yes □ NO □ 1	STREET ADDRESS Box 32, Old Ocean	City Road
E	ATHER'S NAME FIRST DWARD Linwoo	od Baker	15. MOTHER'S MAIDEN NA FIRST Gladys	Mae Li	ittleton
N	ON OR UNKNOWN) (IF YES, GIVE WAR O		(IIIO LI	ner) ADDRESS Box M. Moore, Bishopy	250, Rt. 11 ville, Md.
NO	TART 2 OTHER SIGNIFICANT CONDITIONS CONTR	CUSE (0). DUE TO, OR AS A CONSEQUEN (b). DUE TO, OR AS A CONSEQUEN (c)	ound of head		BETWEEN ONSET AND DEAT
CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH C	PERATION WAS PERFORMED?		20. AUTOPSY? YES X NO [
CAL CER	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	HOUR MONTH DAY	Subject shot	ITER NATURE OF INJURY IN ITEM 18 PART 1 OR PAR	T 2)
MEDICAL	214, INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	STREET - FACTORY - FARM, ETC.)		PftttsWille, Wie	NIYCo., Md. STATE
		he remains described above, held	an Autopsy X, Inspection	, Inquiry , and in my opi	nion

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March 19 The State of the State

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STATE OF MARY
DEPARTMENT OF HEALTH AND

LAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-05278

	1 -	FOR STATE REGISTRAR				IEALTH AND MENTAL HYG	IENE	REG. NO.	1-05	218	
		CEASED NAME FIRST MILTON		ILLS	ı	AST	PEB.		AY YEAR	26 HOUR	NC N
	3 SEX	MALE	4 RACE WHITE		OCT	28, 1898 YEAR	6 AGE (IN YEAR	YRS	IF UNDER I YEAR	IF UNOFR 24 HOURS M	_
31	C	RTHPLACE ISTATE OR FOREIGN MARYLAND	U.S.A	•	WIDOWE		W	CITY OR COUNTY	OF DEATH	OF DEATH	
16	FR	UITLAND	ATOHOM	EACHLITY, GIVE STREET AD	ORESS)	DR OTHER INSTITUTION	12a USUAL OC (TYPE OF WORK FO RETIF	OR MOST OF WORKING LIFE		F BUSINESS	OR
38	13a S		NTY	TRUITLA		13d. INSIDE CITY LIMITS? YES NO	1	DRESS MAIN S	r.		
12	I4 FA	EDWARD MI	LLS	LAST		MARY FIRE BRIDE		WIDDIE	LAS	ST .	
1		VAS DECEASED EVER IN U.S. AI (15 yes, no or unknown) (15 yes, Giv N	E WAR OR DATES)	6b SOCIAL SECURI	TY NO.	THOMAS MII	LS SA	ADDRESS ALISBURY	, MD.		
	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR.	AS A CONSEQUEN	ICE OF	NOT RELATED TO THE TERM	SINAL DISEASE C	DR CONDITION GIVE	N IN PART 1	eai"	=
2	CERTIFICATION	19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	21b. TIME OF			N WAS PERFORMED		IN CERTIFY YES			_
1	MEDICAL	(IF ETHER, NOTIFY MEDICAL EXAMINER 21d IN JURY OCCURRED WHILE AT WORK AT WORK	P.M 21e PLACE O		19	211 LOCATION STREET	c	ITY OR TOWN	COUNTY	STATE	
		22a. I certify that (I) (this hase sow the deceased alive or above, (I) (we) (did) (did no 27b. SIGNATURE	-211	+ 197	'	, 19 nd that in (my) (our) apinion of DEGREE	deoth occurred o	on the date and hour			
P		Marley 1 22d PHYSICIAN'S NAME (TYPE CHARLES	DR PRINT)	NINNAC	OTT	ATTENDING PHYSICIAN E	MEDICAL DIRECTOR D	STAFF PHYSICIAN []	12/1	6/1	10
	23a. B	BURIAL CREMATION, REMOVAL	23b. DATE 2/17/	79 23c. NA	ME OF C	ER T. BEAUCH	23d. LOCATI	PRINCES	SOUNIX NN I	E, MD	

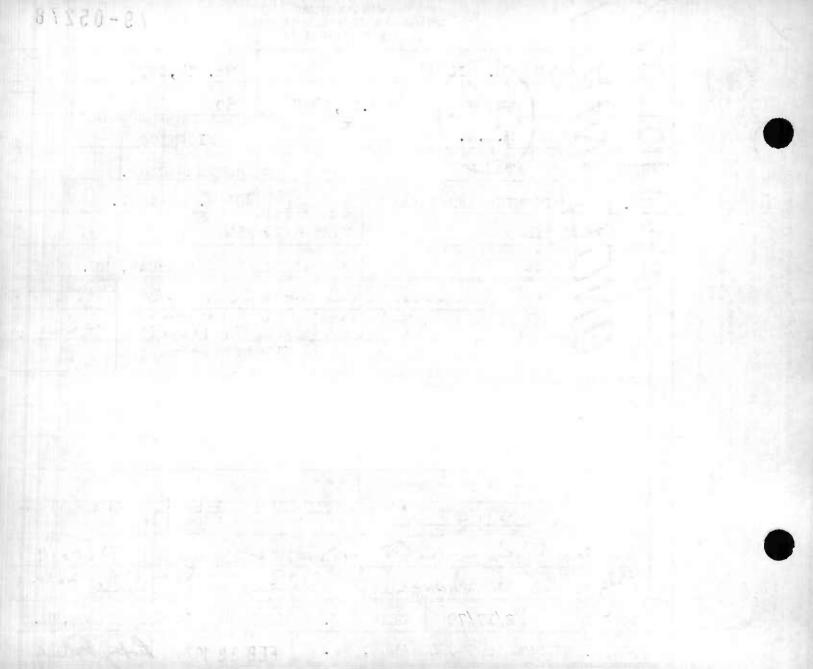
DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

24. FUNERAL DIRECTOR WILSON

PRINCESS ANNE, MD.

FEB 22 1979 Linky March



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0 5 2 0 0

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

	1.	REGISTRAR		• CERTIF	ICATE OF DEATH	REG. N	. 19-05	200			
		CEASED NAME FIRST ELIZA	BETH		ITCHELL	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR 140/PM			
	3. SEX	(4 RACE	5 DATE C		6 AGE (IN YEARS LAST BIRT	R IF UNDER 24 HRS				
		Female	White	Dec	20. 1893	85	YRS MONTHS DAYS	HOURS MIN			
i,	Za. BIF	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WE	HAT COUNTRY? 8		9 BALTIMORE CITY OR COUNTY OF DEATH					
F		arvland	USA	WIDOWE	DI NEVER MARRIED L						
1	10 CI	TY OR TOWN OF DEATH	11. NAME OF HO	DSPITAL, NURSING HOME C FACILITY, GIVE STREET ADDRESS)		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY					
	_	LISDURY AL RESIDENCE (IF NURSING HOME O	Kiverwal			Baby Sitter	2	-			
	Ma	ryland Wico	NTY II	ruitland	13d INSIDE CITY LIMITS?		Bridge Road				
7	14 FA	THER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAIDEN NAM	MIODLE	17	AST			
EL.		Frank		Moore	Mary	E.	Townsend				
	JY	VAS DECEASED EVER IN U.S. AI ES, NO OR UNKNOWN) (IF YES, GIV O	RMED FORCES? 10	66 SOCIAL SECURITY NO.	Mrs. Orville	end) L. Johnson	Hayward Ave Fruitland	Box 266			
	NOI	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost. PARTS OTHER SIGNIFICANT	(b) DUE TO, OR A	AS A CONSEQUENCE OF ATTRIBUTING TO DEATH BUT	Eusion NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 1	(0			
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDITI	ON FOR WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES				
1	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK Sow the deceosed olive or obove, (2006) (did) (did) 22b. SIGNATURE 22d DHYSICIAN'S NAME (TYPE)	21e. PLACE OF (AT HOME, STREE	MONTH DAY YEAR 19 FINJURY T, FACTORY, OFFICE, FARM, ETC.) decreased from 19 19	211, LOCATION STREET 211, LOCATION STREET 19 16 that in (*) (our) apinion of the composition of the compo	city or tov	VN COUNTY 19 19 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	state , that (& (we) lost e couses stated ESIGNED 7			
1	200	1 Homas	CH	111JR	Pine Blu	Road,	Solister	y.Md			
	(5	iurial, cremation, remova Becify) Burial	2/26/7	0	EMETERY OR CREMATORY Memorial Par	23d LOCATION CITY OR TOWN k Salisbury	COUNTY WICOMICO.	STATE Maryland			

Maryland

DHMH - 16 50M 1/76 (VR A 15 (4))

24 FUNERAL DIRECTOR HOLLOWAY FU

FUNERAL HOME, Salisbury,

BP

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nding physician and campletely filled in by the funer carbonpapers. Pages 1 and 2 shauld be filed within 7

signed by the attending physician

should be detached for use as the burial-transit permit. Then please remaye carbanpape with the State Dept. af Health and Mental Hygiene priar to burial, cremation, ar remayal.

MPORTANT: If Nem 21 is marked or Nem 18 shows any

TO FUNERAL DIRECTOR: After this certificate has been

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-05282

- 1								REG. N	0.			
est -		CEASED NAME FIR	RST	M	IDDLE	· ·	AST	2a. DATE OF DEATH	HTMOM	DAY YEAR	26 HOU	JR
-		ALPHE		CARL	MON I	YEWNAM,	JR	February		1979		М
1	3 SEX	X	1	RACE		5 DATE C		6 AGE (IN YEARS LAST BIRT		MONTHS DAYS	IF UNDER	24 HRS
1.	ma	le		caucas	sian	Dec.		72	YRS	MONING	HOURS	24/11.4
/	7a. BIF	RTHPLACE (STATE OR FOREIG	3N 7	L CITIZEN OF V	VHAT COUNT	RY? 8	D NEWS WARRED D	9 BALTIMORE CITY O	R COUNTY	OF DEATH		
B	Ma	ryland		U. S.		WIDOWE	D NEVER MARRIED L	Wicomi	.co			MD.
1	10. CI	TY OR TOWN OF DEATH	1		OSPITAL, NU		OR OTHER INSTITUTION	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O		126 KIND C	F BUSINE	ESS OR
0	Sa	lisbury	9	alisbu		ursing	Home	Medical I				
a est	USUA 130 S	AL RESIDENCE (IF NURSING)	HOME OR C		GIVE RESIDENCE		13d. INSIDE CITY LIMITS?	130. STREET ADDRESS			V	
1	Ma:			mico	Salis		YES NO	R.D.#5. I	embe	rton I	riv	е
	14 FA	THER'S NAME					15. MOTHER'S MAIDEN NA	ME				
20		Alpheus CA	ארן א	on Nev	vnam.	Sr.	Bessie Owe	MIDDLE		LA!	Τ	
		VAS DECEASED EVER IN U				SECURITY NO.	17 INFORMANT	ADDRE	SS	D		
	(Y	res, no or unknown) (IF	YES, GIVE V	WAR OR DATES)	200 4	1 1051	D Taslamas	3 II34	.7 -		zma	n,
8	Уe						E. Lockwood	1 hardeast	,re,			
		18 CAUSE OF DEATH (E PART I. DEATH WAS	CALICED	DV						4	MATE INTE	DEATH
		IMA	MEDIATE	CAUSE (0) C	erebra	al thro	mbosis			1 ds	У	
		4340		DUE TO, OR	AS A CONSE	EQUENCE OF						
	-1	Conditions, if ony, wh	nich	(bge	eneral	lized a	rterioscler	cosis		ves	rs	
		gove rise to immedia		DUE TO OF	AS A CONICE	EQUENCE OF			100		- 7	19.19
			ost	DOE TO, OR	AS A CONSI	ODENCE OF						
		PART 2 OTHER SIGNIER	CANTCO	ONDITIONS CO	NTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OF CON	DITION GIV	ENI INI PART 1		
	Z	previo				rombi	THE TENTE	THE DISEASE ON CON-	0111014 014	EI THE FACE II		
	CERTIFICATION	19a. DATE OF OPERATION	_				N WAS PERFORMED	200 AUTOPSY?	120b. IF YES	S. WERE FINDI	NGS USE	0
V	FIC								IN CERTIF	YING CAUSES	OF DEAT	TH?
	RT	AL ACCIDENT WAS INDERIN		21b. TIME OF	INTUIDA		121. HOW INTURY OCCUPY	YES NO	YE		NO [
4		210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE		1100110 1 1		DAY YEAR	21c. HOW INJURY OCCUR	KED (ENTER NATURE OF INJUR	RY IN ITEM 18, P	ART 1 OR PART 2)		
	CA	(IF EITHER, NOTIFY MEDICAL EX	AMINER)	P.A		19						
	MEDICAL	21d INJURY OCCURRED		21e PLACE C	OF INJURY EET, FACTORY, OF	FICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOV	VN	COUNTY	S ¹	TATE
	2	WHILE AT WORK					/					
		22a 1 certify that (1) (this		ol) attended the	deceased fro		. 19	, to_2-12-	.,	1979	that (I) (we) lost
	1.39	some the deceased of	live on_	2-10	7	19.79_, or	nd that in (my) (our) opinion	death occurred on the de	ote and hou	r and from the	couses st	oted
		22 SGNATURE	(dra nor)	view the body	otter neom.		DEGREE			22c. DA/E	SIGNED	/
	33	Much	ea	4/4		4	ATTENDING PHYSICIAN F	MEDICAL STAL	FF CANUTE	12/	11/	79
	/	AL PHYSICIAN'S NAME	(TYPE OR I	PRINT)	1	10	22e ADDRESS	A PHECTOR PHISIC	.IAN [1//	V	
1					M TO		D+ 50 % 03	inio Arro	507	iahum	r 10/1	2
	22- 2			dsley,	M.D.	22. NAME OF C		IVIC AVE.	pat	TSDUL	1/1	d
	236. B	Burial, cremation, rem specify) rial	AOVAL	23b. DATE			EMETERY OR CREMATORY	CITY OR TOWN	m 7.1	COUNTY	_	ATE
	μu	rial		2-14-1	1979	Spring	2 WITT	Easton,	Talb	ot, Mo	i.	

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

24 FUNERAL DIRECTOR Newnam Funeral Home

FOR STATE

DECISTRAD

Easton, Md.

Easton Talbot

	1.	FOR STATE REGISTRAR	DEPARTM	ENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. NO		052	8 4
	I. DE	CEASED NAME FIRST OR PRINT) ELMER	NIDDLE DOMINICK		SAGNO		222-		26 HOUR а 10:15 да
	3 SE	Male	White	5 DATE O		6. AGE (IN YEARS LAST BIRTI		UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
5	C		USA	8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	BALTIMORE CITY O	R COUNTY O	F DEATH	MD.
1	100	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT INSUCH FACILITY, GIVE STREET A SALISBURY NUR	(DDRESS)		126. USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Painter		126. KIND O INDUSTRY US	Gov't
5	13a S	Id. Worch	other institution, give residence before TY 13c. CITY OR TOWN ester Ocean C	V	YES 🔀 NO 🗌	7604 Coa	stal E	Hgwy,	#1G
30		Antonio	Pessagno		15 MOTHER'S MAIDEN NAM	WIDDLE		? LAS	
2		VAS DECEASED EVER IN U.S., ARA ES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECUI		Elmer H. P	ADDRE essagno,			as Abov
		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	11111111	NCE OF	HINDRED TO THE TERM	s seleus	S CONTROL GIVEN	(Ce	MATE INTERVAL NISEY AND DEATH
9	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH			206 AUTOPSY?	20b. IF YES, V	WERE FINDIN	IGS USED
1	MEDICAL CER	2]0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA. (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART	T I OR PART 2)	
	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC.)	211 LOCATION STREET	CITY OR TOW	'N	COUNTY	STATE
		220.1 certify that (I) (this haspit saw the deceased alive an above, (I) (well-thirt) (did not 22% SIGNATURE	1/2/ 10/		DEGREE ATTENDING PHYSICIAN	death occurred an the do	1		1

24 FUNERAL DIRECTOR Robt DHMH - 16 50M 7/77 (VR A 15 (4)) Funeral Home

224 PHYSICIAN'S NAME (TYPE OR PRINT)

23d LOCATION
CITY OR TOWN
Suitland, 236. BURIAL, CREMATION, REMOVAL Burial 23b. DATE 23(. NAME OF CEMETERY OR CREMATORY COUNTY 2-26-79 Cedar REGISTRAR 256. REGISTRAR'S SIGNATURE

M.D.

22e. ADDRESS

Wilhelm 4308 Rd., Suitland, Md

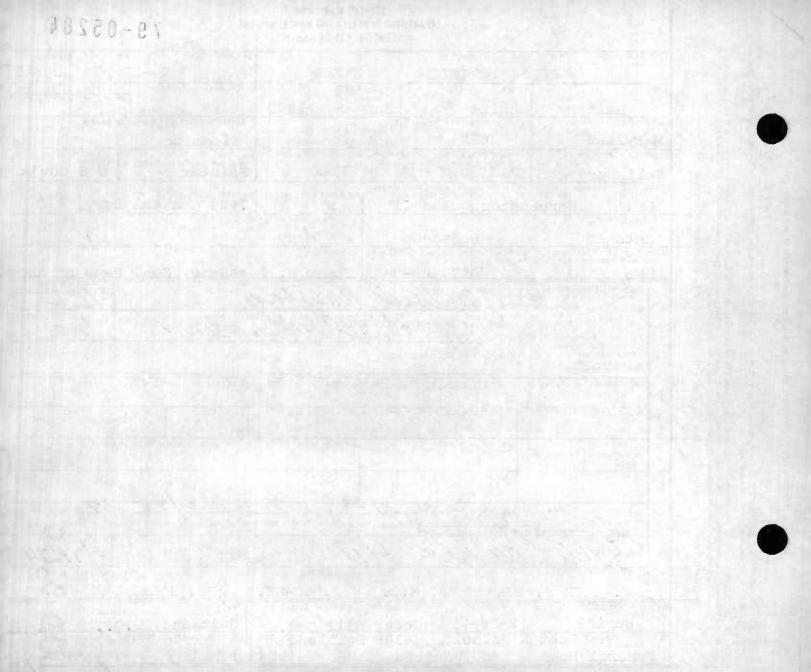
BEARDSLEY,

MD.

STATE

21801

50-CIVIC AVE., SALISBURY,



FOR

STATE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

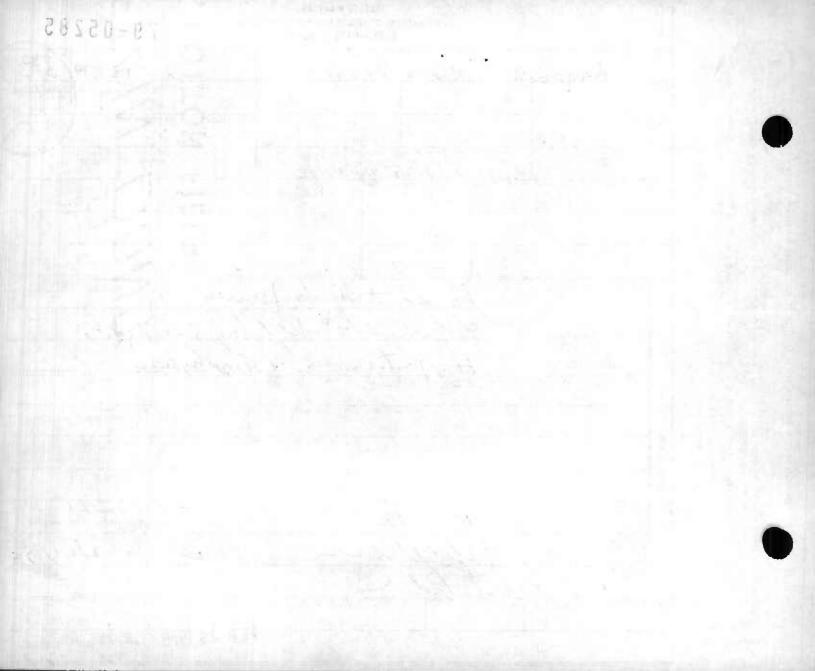
79-05285

REGISTRAR		CERTIF	CATE OF DEATH	REG. NO	13	, , , ,	0 0
I. DECEASED NAME FIRS		0	AST		ONTH DAY	YEAR	2b. HOUR
Kaum	and Nich	cles VR	VOR	2	18	19719	3 AM
3. SEX	4 RACE	5 DATE O		6 AGE (IN YEARS LAST BIRTH	DAY) IF UN	DER I YEAR	IF UNDER 24 HRS HOURS MIN
Male	White	Apri.		63	YRS.		
OUNTRY)	76. CITIZEN OF WHAT CO	UNTRY? 8	NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF	DEATH	
Salisbury, Mo		WIDOWE	D DIVORCED	WICOMI	00		MD.
Salisbury	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G		ROTHER INSTITUTION ROTHER INSTITUTION	126 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF Y HOrse Trai	WORKING LIFE) IN	b. KIND OF IDUSTRY	BUSINESS OR
	OUNTY 13c CITY	nce before admission) OR TOWN ISDURY	13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS Johnson	Road	Ŗt.	. 4
14 FATHER'S NAME FIRST Herman	MIDDLE Pry	or	15. MOTHER'S MAIDEN NAME FIRST Lavina	ME		Nibbb	lett
160 WAS DECEASED EVER IN U.	S. ARMED FORCES? 166 SOCI	AL SECURITY NO	17 INFORMANT	ADDRES			
No	218-	05-8968	Mrs. Eleanor	P. Pryor (w	rife) sa	ame as	s 13
PART 2. OTHER SIGNIFIC PART 2. OTHER SIGNIFIC 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYIN	DUE TO, OR AS A CO	MG TO DEATH BUT			20b. IF YES, WE IN CERTIFYING	RE FINDING	GS USED
OR CONTRIBUTION CAUSE	OF DEATH HOUR A.M. MON	ITH DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 C	OR PART 2)	
THER, NOTIFY MEDICAL EXA 21d. INJURY OCCURRED WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTOR)		211. LOCATION STREET	CITY OR TOWN		OUNTY	STATE
snw the decensed all	hospital) attended the deceased we an add not) view the body after deat	h. 19 <u>79</u> , on	d that in (my) (aur) apinion of the GREE ATTENDING PHYSICIAN	medical Staff			
22d. PHY SICIAN'S NAME	TYPE OR PRINT)	il	Fruitland, N				
230. BURIAL, CREMATION, REMI (SPECIFY) Burial	2/22/79		emetery or crematory ill Memory Ga	23d LOCATION CITY OF TOWN	on, Wic	. Mar	yland

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

KLLOWAY FUNERAL HOME, Salisbury, Maryland



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours.

retained by the hospital or attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be is with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

rector, page 3 urs ofter death

Page 4 may be

STATE OF MARYLAND FOR - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-05286

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.
I. DECEASED NAME FIR	MIDDLE	LAST	20 DATE OF DEATH MONTH DAY YEAR 26 HOU
KE	nneth 1.	TUSEU Sr	tebruery 1 1979 20
3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRNHDAY) IF UNDER 1 YEAR IF UNDER
M-1-	11/1:4-	MONTH DAY YEAR	MONTHS DAYS HOURS
TA PIDTHUI ACE CONTRACTOR	White	12-6-30	77 YRS.
70 BIRTHPLACE (STATE OR FOREIGH	76 CITIZEN OF WHAT COUN	MARRIED WEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH
Maryland	USA	WIDOWED DIVORCED	Wicomico
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE	URSING HOME OR OTHER INSTITUTION	170 USUAL OCCUPATION 170 KIND OF BUSINE
Salisbury	Peninsula	General Hospital	Forestry Supt. State of M
USUAL RESIDENCE (IF NURSING H	OME OR OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)	Violesing sup. Sistering
130. STATE 13b	COUNTY 134 CITY OR	//	? 13e STREET ADDRESS
14 FATHERS NAME	dicesiei Girai	IS MOTHER'S MAIDEN	NIAAAE
FUST	MIDDLE	FIRST	MIDDLE
Worris	H. PUS	eu Edn	3 6134
160 WAS DECEASED EVER IN U	S. ARMED FORCES? 166 SOCIAL	SECURITY NO. 17 INFORMANT	ADDRESS
YPC K	aren 2142;	81698 Kmily H.	Puseu Girdletree Mil
IN CAUSE OF DEATH IS	iter only one couse per line for (g), (l	andre 1	APPROXIMATE INTER BETWEEN ONSET AND
PART I. DEATH WAS	AUSED BY.	Dishingt and	
III IMM	EDIATE CAUSE (a)	The predict	yours synareme
476-	DUE TO, OR AS A CONS	EQUENCEOF	0
Conditions, if any, wh	in in	morea	
gove rise to immedia			0
underlying couse lo	TOUL TO DRIAS A COINS	LOUENCE OF THE TWO	- Jones Deces
	(10) (10)		
Z PART 2 OTHER SIGNIFIC	ANT CONDITIONS CONTRIBUTING	(X)	ERMINAL DISEASE OR CONDITION GIVEN IN PART 1101
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLY!	2 honge	1 Devisors.	
M DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT
E .			YES NO YES NO
		21c HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
OR CONTRIBUTING CAUSE		DAY YEAR	
21d. INJURY OCCURRED	21e PLACE OF INJURY	21f. LOCATION	
	LAT HOME CIRECT PACTORY OF	FFICE, FARM, ETC.) STREET	CITY OR TOWN COUNTY ST
AT WORK AT WORK	f (1 1 79
	hospital) ottended the deceased fi	ram	, to, 19, that (I) (y
sow the deceased all	did not view the bady after death.	19, ond that in (my) (our) going	on death accurred on the date and hour and from the causes sto
226. SIGNATURE	14	DEGREE	22c, DATE SIGNED
	Dela	ATTENDING	
224 BHYSICIANIS MANS			DIRECTOR PHYSICIAN
27d. PHYSICTAN'S NAME	TYPE OR PRINT	22e ADDRESS	
230 BURIAL, CREMATION, REM	OVAL 236 DATE	73c. NAME OF CEMETERY OR CREMATOR	Y 23d. LOCATION
Party 1	15-4-79	11 6.66	SITY OR TOWN
24 FUNERAL DIRECTOR	0 ///	LAPISTION 1250 I	DA S HEC'D BY RECYS RAR 256. DEGISTRAR Y SIGNATURE
74 FUMERAIPDIRECTOR = 4			

BP. DHMH - 16 50M 1/76

(VR A 15 (4))

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Telisburg : Peninsula General Hospital System Confin

2_	FOR	
All reads	FOR	DEPAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-05287

							. 140.		
	CEASED NAME FIRST	1	AIDDLE	O Anser 11	2.)	20. DATE OF DEATH	MONTH	DAY YEAR	26. HOUR
3. SE	x Edwa	14 RACE	James 1	DATE OF BIRTH	100	AGE IN YEARS LAST	BIRTHDAY	1 IF UNDER LYEAR	IF UNDER 24 HE
0	male	white		uly 18,1	YEAR	89		MONTHS DAYS	HOURS MIN
a 8	IRTHPLACE ISTATE OR FOREIGN		WHAT COUNTRY? B			BALTIMORE CIT	YRS. Y OR COUNT	Y OF DEATH	
A	la bama	U.	C	DOWED X DI	ORCED	Wicom	_		
_	ITY OR TOWN OF DEATH	11. NAME OF F	OSPITAL, NURSING H	OME OR OTHER INST	ITUTION I	12a USUAL OCCUP			F BUSINESS (
-	Salisbury	Peni	nsula Gen	eral Hos	pital	Painte:		IFE) INDUSTRY	
JSU 3a.	AL RESIDENCE (IF NURSING HON	NE OR OTHER INSTITUTION.	GIVE RESIDENCE BEFORE ADM	ISSION)	TY LIMITS? 1	3e STREET ADDRE	SS		
		omesset	Princess	Anne 🗆	NO By	Some	erset	Ave. E	xt.
4 F.	Mack	WIDDLE	LAST		MAIDEN NAME	E MIDDL		LAST	ī
			nshaw		Mary	Melvin		Carte	r
60		ARMED FORCES? GIVE WAR OR DATES)	16b SOCIAL SECURITY				DRESS		
	War 1		220-01-8	+42 Edwar	rd Rans	shaw, Ji	· Sal	isbury	, Md.
	18 CAUSE OF DEATH (Ente	r only one couse per	line for (o), b, and c						MATE INTERVAL DNSET AND DEA
	PART I. DEATH WAS CA	USED BY: DIATE CAUSE (0)	Mucumor	nisea					
	I A C	NATE CAUSE TO							
	2028	DUE TO, OF	R AS A CONSEQUENCE						
	Conditions, if ony, which		Bustelle	& hum	aproved				
	gove rise to immediate couse (0), stating the	1							
	underlying couse lost	DUE TO, OF	R AS A CONSEQUENCE	OF					
		(IC)							
Ž	PART 2 OTHER SIGNIFICAN	NT CONDITIONS CO	1.	7 0	0 1 1	AL DISEASE OR CO	ONDITION GI	VEN IN PART 110)
CERTIFICATION	19g. DATE OF OPERATION	10h CONDI	TION FOR WHICH OPE	RATION WAS PERFO		20a AUTOPSY?	20h JE YE	S, WERE FINDIN	ICS LISED
FIC	THE DATE OF OFERATION	110 001101	NOT TOK WINCH OF E	KANON WAS IEM O	WED	200 AUTOIST	IN CERT	FYING CAUSES	OF DEATH?
E						YES NO	Y	ES 🗌	NOT
8	21a. ACCIDENT WAS UNDERLYING				JURY OCCURRE	D (ENTER NATURE OF I	NJURY IN ITEM 18.	PART 1 OR PART 2)	11/1/11
A	OR CONTRIBUTING CAUSE OF	PERIII		YEAR					
Š	(IF EITHER, NOTIFY MEDICAL EXAM)	NER) P./		21f. LOCATIO	N1				
MEDICAL			EET, FACTORY, OFFICE, FARM, I		114	CITY OR	TOWN	COUNTY	STATE
	AT WORK AT WORK								
	22a.1 certify that (1) (this be	spital) attended the	e deceased from	1-18 -	, 19. 7 9	_, to2 -	- 2 -	19 29	that (I) (we) l
	sow the deceased alive	on 2-2	7 - 19 79	, and that in (my)	our) opinion de	oth occurred on th	e date and ha		
	22b. SIGNATURE	view the body	ofter death						
	220. SIGNATURE	. 1	0.	DEGREE	TTENDING	MEDICAL S	TAFF	22c. DATE	SIGNED
	1.100	weel) he	1 belder		HYSICIAN .			7-	7-79
	PCX (ETA						SICIAI L	1	2 /
	224 PHYSICIANS NAME (TY	PE OR PRINT)	700	22e ADDRES	5		JICIAI L		2 //
			15508D A	22e ADDRES				Palsen	ne m
23n	Bani	MES L. CL	IFFORD M	n m	PICAL	CENTER		PRAISBU.	er me
23a	BURIAL, CREMATION, REMOVE	MES L. CL	23¢. NAM	E OF CEMETERY OR C	EDICAL REMATORY	CENTER 23d. LOCATION CITY OR TOWN	2 0	SALIS BUS COUNTY	er Ma
23a	BURIAL CREMATION REMOV	MES L. CL	23¢. NAM	n m	EDICAL REMATORY	CENTER 23d. LOCATION CITY OR TOWN	2 0	Saussion county ine; Som	er Md. Nd. erset

ADDRES Princess Anne

DHMH - 16 50M 1/76

BP.

etained by the haspital ar attending physician

IMPORTAINF: If them 21 is marked or them 18 shows any injury, ar ather traumatic event, the medical examiner must be

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carbonpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

Calinbury Pontusula Ceneral Hospital 1-

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGIENE REG. NO	79-05288
	ECEASED NAME FIRST	MIDDLE	LAST		MONTH DAY YEAR 26 HOUR
	PE OR PRINT) Ebe	Richard	Reed	Februar	2 14. 1979 150/ P
3. SE		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTH	DAY) IF UNDER LYEAR IF UNDER 24 HR
	Male	White	NOV. 20, DAY 1901	77	MONTHS DAYS HOURS MIN
	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 -	9 BALTIMORE CITY OF	71.0
9	Virginia	U. S. A.	MARRIED NEVER MARRIED L	Til comi ac	
0 10 0	Salisbury	(IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATIO	N 126 KIND OF BUSINESS C
1301		OTHER INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSION)	1130 STREET ADDRESS	Street
14 F	FATHER'S NAME FIRSMONGAN RE	MIDDLE LAST	15 MOTHER'S MAIDEN N	Birch MIDDLE	LAST
160	WAS DECEASED EVER IN U.S. AR (YES, GIVI	MED FORCES? 166 SOCIAL SECTION OF THE PROPERTY		Chinco teague,	
	18 CAUSE OF DEATH Enter or	ily one couse per lipe for (o), (b), or D BY:	nd (c).		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
		TE CAUSE (D) PAQQA M	nonia.		3 Noess.
	4281	DUE TO OR AS A CONSEQU		1	
	Conditions, if ony, which	(b) COM(03)	me heart to	lilule	2 400m
	gove rise to immediate couse 101, stating the underlying couse lost	DUE TO, OR AS A CONSEQU			Zgean.
NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	rminal disease or cond	ITION GIVEN IN PART 1/0
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\bigcap \text{NO} \text{\tint\text{\tint{\text{\tint{\tex{\tex
W W	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCU	IRRED (ENTER NATURE OF INJURY	
	OR CONTRIBUTING CAUSE OF DEA		AY YEAR		
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	21f LOCATION		
× ×	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC) STREET	CITY OR TOWN	COUNTY STATE
		tol) attended the deceased from_		Da, to Z.	e and hour and from the causes stated
	22b. SIGNATURE	t) view the body ofter death.	DEGREE		22c. DATE SIGNED
	Vana (Ma	ATTENDING	MEDICAL STAFF	
	22d. PHYSICIAN'S NAME (TYPE O	PRINTI	PHYSICIAN 22e ADDRESS	DIRECTOR PHYSICIA	ANL
	R. Merri	11. MD	307 K	ay Aue	, Salis bury
	BURIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
	Burial	12-18-79 00	wning (emetery	Oak Hall,	Virginia
	EUNERAL DIRECTOR Patier Funeral H	ome (hincoteage	ie Virginia FEI	BEZZ BYSECISTRAR 2	STREGISTRAR'S JIGNATURE

DHMH - 16 50M 1/76 (VR A 15 (4))

cettabung . Peninenla General Hospital on sedon ventulpinasies Contract of the party of the contract of the c

The state of the s

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral should be detached for use as the buriol-transit permit. Then please remove corbonpapers. Pages 1 and 2 should be filled within 72 hwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	1.	FOR - STATE REGISTRAR	DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYGIE FICATE OF DEATH	NE REG. N	79-05	5289
	1 DE (TYPE	CEASED NAME GIZOTA	F. RICH A RACE B S. DATE MONT	ardson OFBIRTH	PEDE UAL AGE (IN YEARS LAST BIRT	MV /3, 1979	15
- 25 Green	C	Na / C IRTHPLACE (STATE OR FOREIGN OUNTRY) ITY OR TOWN OF DEATH	76 CITIZEN OF WHAT COUNTRY? 8 MARRIE WIDOW 11. NAME OF HOSPITAL, NURSING HOME	ED NEVER MARRIED DE VED DIVORCED	BALTIMORE CITY O WICOMIC		MD. D OF BUSINESS OR
3/1)		Salisbury		al Hospital	TYPE OF WORK OR MOST O		
ine must b	13a	STATE 138 COUN	Som Princess			OX 21 WE	stouer
290	160 \		MED FORCES? 166 SOCIAL SECURITY NO.	Arinth 17. INFORMANT	MIDDLE ADDRE	H	titah
e medie	(123 1124/76. 214.60.968	Arinthia	KichA	rdson	
event, th		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) IMMEDIAT		Brain Hen	northag	APPI BETWE	ROXIMATE INTERVAL EEN ONSET AND DEATH
troumotic		2050 Conditions, if any, which gave rise to immediate	DUE TO, OR AS A CONSEQUENCE O	o coagulation	isynd	rove	
or other tro		couse (o), stating the underlying couse last	DUE TO OR AS A CONSEQUENTE OF	elegenous à		ie -	
injury.	NOI	PART 2 OTHER SIGNIFICANT C	onditions <u>contributing to death</u> but	T NO RELATED TO THE TERMIN	AL DISEASE OR CON	DITION GIVEN IN PART	1(a)
18 shows ony	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO		200 AUTOPSY? YES NO	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES	SES OF DEATH?
or Item 18 s	MEDICAL CE	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	P.M. 19		O (ENTER NATURE OF INJUR	RY IN ITEM 18, PART 1 OR PART	2)
morkedor	WED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOW	VN COUNTY	STATE
21 is		22a I certify that (I) (this hospit saw the deceased alive an abave, (I) (and Idid) (did no	tal) attended the decased from 19, o	and that in (my) foot opinion dec	, toath occurred on the do	ote and hour and from	, that (I) (we last the causes stated
ZT. If Hem		22b. SIGNATURE	166	ATTENDING PHYSICIAN	MEDICAL STAP	FF O	13/79
MPORTANT:		OSWALA J	Burton	Kay Drive	Salist	byry Ma	ryland

231 NAME OF CEMETERY OR CREMATORY

9 b.

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

230 BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

23b. DATE

CERTIFICATION

MEDICAL

STATE OF MARYLAND

	1 - STATE REGISTRAR	CERTIFICATE OF DEATH	79-05290
	1. DECEASED NAME (TYPE OR PRINT) AddiE	Sessome	FebRuary 10, 1979 12:10 A
	Female NEGE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HIS MONTHS DAYS HOURS MIN
5	74 BIRTHPLACE PLATE OR FOREIGN 76 CITIZEN OF WH. COLUMNY MARY AWAY U.S.A.	MARRIED ₩ NEVER MARRIED UNIDOWED DIVORCED	BALTIMORE CITY OR COUNTY OF DEATH WICOMICO MD.
2	Salisbury 11. NAME OF HOS Penins	SPITAL, NURSING HOME OR OTHER INSTITUTION SCULTY GIVE STREET ADDRESS) SULTA GENERAL HOSPITAL	120 USUAL OCCUPATION (TYPE OF CORE FOR MOST OF WORKING LIFE) INDUSTRY
7	1 11 1	RERESIDENCE BEFORE ADMISSION) COLTY OR TOWN 13d INSIDE CITY LIMITS? ALSHUEU YES NO NO	130 STREET ADDRESS / MARY MAN
21	14 FATHER'S NAME FIRST UARMOUN	15. MOTHER'S MAIDEN NA	
1	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 (YES, NOOR UNKNOWN) (IF YES, GIVE WAR OR DATES)	SOCIAL SECURITY NO. 17 INFORMANT	ESSOME P.Hsville, Md.
	18 CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (b)	efor (o), (b), and it consprains	ARE BOT BETWEEN ONSET AND DEATH
	Conditions, if any, which	S A CONSEQUENCE OF SEVEL PREMINERS SCENT PROM	monio & Septiremio
	gove rise to immediate	S A CONSEQUENCE OF	

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

unc 20a AUTOPSY 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

NO YES [NOF ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

19

WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on 2.9;
above, (1) (we) (did not view the body after death and that in (my) (per) opinion death occurred on the date and hour and from the causes stated

DEGREE

21f. LOCATION

STREET

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN MD 224 PHYSICIAN'S NAME (TYPE OR PRIM

23a BURIAL, CREMATION, REMOVAL 23c. NAME, OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION COUNTY

BP. DHMH - 16 50M 1/76 (VR A 15 (4))

(IF EITHER, NOTIFY MEDICAL EXAMINER)

21d. INJURY OCCURRED

22b. SIGNATURE

Snowh.

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

22c. DATE SIGNED

25a DATE REC'D.

P.M.

21e PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

CITY OR TOWN

COUNTY

STATE

Salisbury | Peninsula Conemal Hospital

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

retained by the haspital or attending physician.

within 24 hours often

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the

STATE OF MARYLAND FOR 1 - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

70-05291

REGISTRAR			CEKIII	ICAIE OF DEATH	REG. N	0.	3 0	3231
TYPE OR BRAIT	RST	MIDDLE		AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUT 5
(THE OXPANO)	Levin	L.	Sho	ort	Februar	cy :	15,197	7912; P _M
3 SEX	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAY	
Male	Whi	.te	~12	2-10-03 YEAR	7.	yrs.	MONTHS DAY	S HOURS MIN
To. BIRTHPLACE (STATE OR FOREIG	IN TO CITIZEN OF	WHAT COUNTRY	(? 8	D .NEVER MARRIED	9 BALTIMORE CITY			
Salisbury, M	d. USA		WIDOWE	- Y	Wicomico	Cou	nty	MD
10 CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURS	ING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION ON	126. KIND	OF BUSINESS OR
alisbury	Salis	bury Ni	irsing	g Home	Freight Co			ailroad
USUAL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEF		13d INSIDE CITY LIMITS?	13e. STREET ADDRESS		110	
	Wicomico	Salisb		YES NO	703 E. Ch	urch	Street	
14 FATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA	AME MIDDLE		THUM	1454
Theodore		Short		Marv	С.		Sanf	ord
160 WAS DECEASED EVER IN 1	J.S. ARMED FORCES?	166 SOCIAL SEC	CURITY NO.	17 INFORMANT (SON)	ADDR	1112	E. Chu	irch St.
No	720,0112 11711 011 011/20,	214-10-	9499	Mr. Robert	O. Short, S	älist	ury, M	ld.
18 CAUSE OF DEATH IE	nter only one couse pe	r 1/2 591 (0), 18, 0	ond icy	1/ 00 6			APPR BETWE	OXIMATE INVERVAL EN ONSET AND DEATH
PART I. DEATH WAS	CAUSED BY MEDIATE CAUSE (0)	Vielle	ax y	PUND BY	1815		1	use.
4341	DUE TO, C	OR AS A CONSEQ	UENCE A	1.12.6.	5-1	-	,	
Conditions, if any, wh	nich ((b)_	CHILL.	all	tel alla	108cleon	5	4	h,
gove rise to immedicouse (a), stating		RAS A CONSEO	UENCE OF					
underlying couse I	ost (c)							
PART 2. OTHER SIGNIFIC	CANT CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION G	IVEN IN PART	No
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLY								
M DATE OF OPERATION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?		ES, WERE FINE	DINGS USED SES OF DEATH?
RTIE					YES NO	Y	ES 🗍	NO 🗌
	110110	OF INJURY .M. MONTH	DAY YEAR	21c. HOW INJURY OCCUP	RED (ENTER NATURE OF INJU	RY IN ITEM 18,	PART 1 OR PART 2	n
(IF EITHER, NOTIFY MEDICAL EX	L OF DEATH	.M.	19					
(IF EITHER, NOTIFY MEDICAL EX	CAT HOME ST	OF INJURY	E. FARM. ETC.1	211 LOCATION STREET	CITY OR TO	MN	COUNTY	STATE
AT WORK AT WORK			71	01	2/1		06	
220.1 certify that (I) (thi	MI	ne decopsed from	/-	196			. 19	_, that (1) (we) lost
sow the deceased a obove. (I) (we) did)	(did not) view the body	offer death		nd that in (my) (our) opinion	death occurred on the d	ote and ha	our and from t	he couses stated
226. SONATURE	1	11/1	- 4	DEGREE	ALEDICAL STA		22c. DA	TE SIGNED
VIIII	Heller	en y	11	PHYSICIAN	MEDICAL STA	IAN	211	16/79
220 PAYSICIAN'S NAME	TYPE OR PRINT)	U	- 150	22e ADDRESS	J 101 -	to B	1	,
Earl M. B	eardsley.	M.D.		Rt.50 and	Civic Ave	Sa1	isbur	y. MD.
230. BURIAL, CREMATION, REA	AOVAL 23b. DATE	230	. NAME OF C	EMETERY OR CREMATORY	234 LOCATION		COUNTY	STATE
Burial	2/18/	79 S	pringh	ill Memory Ga		n. Wi		ryland.
24. FUNERAL DIRECTOR		ADDRESS		25a. DA	TE-REG'D. BY REGISTRAR	256. REG15		
HOLLOWAY FUNE	RAL HOME,		y, Mary	yland	FD VA 1915		/	1

DHMH - 16 50M 7/77 (VR A 15 (4))

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Fant lutte	5 1001.	- AL - EL - EU	
		50, III	
O care occur			
			/yr/dallo

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remave carbanpapers: Pages I and 2 should be filed within 72 haurs after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal

attending physician.

		FOR
1	-	STATE
		REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

70-05292

	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10	, - 0 3 2	. 0 6
	CEASED NAME	FIRST		WIDOLE	4	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
-		DORIS	FRI	ANCES	2	1mm5	FEBRUARRY	14,	1979	SA
3 SE	X		4 RACE		5. DATE (6 AGE (IN YEARS LAST BI	RTHDAY)	MONTHS DAYS	IF UNDER 24 HE
I	Female		White		May	11, 1926	52	YRS	MUNINS DATS	HOURS MIN
	RTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY	_	TY OF DEATH	
	Walston.	Md.	USA		WIDOWE		Wicom	ico		
	ITY OR TOWN OF					OR OTHER INSTITUTION	120 USUAL OCCUPA			F BUSINESS
	Salis	bury	Penin	Sula Ge	nera:	l Hospital	Private Si		for si	ck
USU.	AL RESIDENCE (IF	NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	AOMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			
	Marvland		comico	Parsonsbu		YES NO NO	Jones-Hast	ince	Pond	
	ATHER'S NAME				44.5	15 MOTHER'S MAIDEN NA	ME	THES.		
	Daniel		MIDDLE	Tver		Ethe:	MIDOLE		A MATTORE	51
160 V	WAS DECEASED E			166 SOCIAL SECU	RITY NO.	17 INFORMANT .	ADDE	RESS	Arvey	
	YES, NO OR UNKNOW!	(# YES, GIV	E WAR OR DATES)			Mrs. Doris Ar	ghter)	Вох	129	(4.)
						Mrs. Doris A	an Jones, P	auson		MATE INTERVAL
	PART I. DEA	TH WAS CAUSE	D BY	line for jai, the and	1	1			BETWEEN	ONSET AND DEA
NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a									
CERTIFICATION	19a. DATE OF OF	PERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FINDIN	
8	21a. ACCIDENT WA	S UNDERLYING				21c HOW INJURY OCCUR				
	OR CONTRIBUTING	CAUSE OF DE	.111	M. MONTH DA	YEAR					
MEDICAL	21 d INJURY OC		21e PLACE	OF INJURY REET, FACTORY, OFFICE, F.		211 LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE
	sow the de	ceased alive an	3. 1.10	19_/	2.[7	nd that in (my) (our) opinion	to 2/1 death occurred on the c	date and ho		that (I) (we) couses stated
	226. SIGNATURE		THE HE DULLY	dilei deoili.		DEGREE			22c DATE	SIGNED
	()	Janan				MATTENDING PHYSICIAN	MEDICAL STA		2/14	4/79
	22d. PHYSICIAN	NAME (TYPE O	R PRINT)		-	22e ADDRESS	O DIRECTOR CONTROL		-/ -	17.10
	J. V	J. drass	so, M.D.			Salisbury	Maryland			
23o. F	BURIAL, CREMATI				AME OF C	EMETERY OR CREMATORY	23d LOCATION			
- (Burial	,					CITY OR TOWN		COUNTY	STATE
	UNERAL DIRECTO	OR .	12/16/7	A I BE	thel	Church Camete	Walston BY REGISTRAL	SWIN	STRAR'S MONA	Marro
HO	LLOWAY F	UNERAL	HOME S	alisbury,	Mann	land FE		Tim	try/KOO	and a
			الله و سد دالده	arrobury,	Liai y	Tanu FL	0 6 1 1010	,		

DHMH - 16 50M 1/76 (VR A 15 (4))

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Salisbury Peninsula Cararal Mospital

FOR

STATE OF MARYLAND

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The state of late of length attackers vertalist

maly on much

1 - 100 -

MIDDLE

FOR

REGISTRAR

DECEASED NAME

- STATE

DHMH - 16 50M 1/76 (VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO

DAYS

12b. KIND OF BUSINESS OR

LAST

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

YES [

COUNTY

220 DATE'SIGNED

20 DATE OF DEATH

opieosio

A CAN TO A CAN

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

executed within 24 hours ofter

ATTENDING PHYSICIAN: The low requires that the death certificate be

retained by the hospital or attending physician.

TO HOSPITAL

FOR

STATE OF MARYLAND DEDADTMENT OF HEALTH AND MENTAL HYGIENE

79-05295	7	9	-	0	5	2	9	5
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1	- STATE REGISTRAR	CERTIF	CATE OF DEATH	REG. NO.	79-05295
	DECEASED NAME FIRST TYPE OR PRINT) RUFUS	MIDDLE	MITH	FEBRUARY	28 1979 9 7. M
3. 5	MALE 4 RACE	HITE S. DATE O MONTH	OAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
35	MARYLAND	USA, WIDOWEI		Nicomico	MD
5/	SaLisbury Pe	NE OF HOSPITAL, NURSING HOME O NT IN SUCH FACILITY GIVE STREET ADDRESS) NINSULA Genera		120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKIN MERCHANT	IZE KIND OF BUSINESS OR INDUSTRY APPARE
16 130	DELAWARE SUSSE	ITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13: CITY OR TOWN SELBYOLLE	YES NO	130 STREET ADDRESS GUMBORO	ROAD.
13	FATHER'S NAME MIDDLE MIDDLE	SMITH	15 MOTHER'S MAIDEN NAME FIRST	MIDOLE SN	NJH LAST
3 160	WAS DECEASED EVER IN U.S. ARMED FOR (YES, JOBRUNKHOWN)		- REBECCA	K.SMITH	
	18 CAUSE OF DEATH (Enter only one compart I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE	Nahata	Romal 8	yndrome.	BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate	TO. OR ASSACONSEQUENCE OF	Ince !!	al pally	
		TO, OR AS A CONSEQUENCE OF	of the	liver.	
NOI	PART 2 OTHER SIGNIFICANT CONDITION		V		
CERTIFICATION	190 DATE OF OPERATION 196 (CONDITION FOR WHICH OPERATION		YES NO	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
WEDICAL CE	CALLER OF THE HOLD	TIME OF INJURY UR A.M. MONTH DAY YEAR P.M. 19		ED (ENTER NATURE OF INJURY IN ITEM	18. PART 1 OR PART 2)
MED	AT WORK	PLACE OF INJURY OME, STREET, FACTORY, OFFICE, FARM, ETC.)	2 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	27e. I certify that (I) (this hospital) attended sow the deceased alive on above, (I) (ve) (did) (did pai) vey this	body ofter plegth. 19 9 on		, to	hour ond from the couses stated
	22b. SIGNATURE	4		MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
1	OSWALD J.B	URTON	SAL	SBURY	ml 2/801
230	36. BURIAL, CREMATION, REMOVAL 236. DA	17E 231. NAME OF CE	MEN	SELBYOILLE	SUSSEX DEL
24	FUNERALDIRECTOR Whale	y Silkery M.	LON, 250 DATE	REC'S BY REGISTRAR 256. RE	is fry Halledy

ter Whaley Sillyull pot,

BP.

DHMH-16 50M 7/77 (VR A 15 (4))

STATE OF MARYLAND 79-05296 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE ·CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH 1 DECEASED NAME 2b. HOTURU (TYPE OR PRINT) 10 atherine 6 3 SEX 4 RACE & AGE LIN YEARS LAST BIRTHDAY IF UNDER LYEAR 5. DATE OF BIRTH MONTH YEAR Female White June To BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED WEVER MARRIED COUNTRY WICOMICO Powellville. WIDOWED DIVORCED [IO CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12n USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ITYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY Housewife Riverwalk Manor Salisbury DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13h COUNTY 113c CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Rt. 1. Brown St. Ext. Eden Marylan Wicomico 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE LAST Chandler Herbert Parker ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT (YES. NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 213-18-5433 Story (Husband) same as CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to OR AS A CONSEQUENCE OF Rteniosclepos, evena Conditions, if ony, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost 0 0 OTHERSIGN FLICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 110 CERTIFICATION 0 190 DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY 20b. IF YES, WERE FINDINGS USED ā IN CERTIFYING CAUSES OF DEATH? YES [or Item 18 sho and Mental Hygi 210 ACCIDENT WAS UNDERLYING ! 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER P.M 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased grive on obove (1) (we) (did (did not) view the body after death and that in (my/(our) aginion death occurred on the date and hour and from the causes stated DIRECT 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF MPORTANT DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME ITYPE OF PRINT) 22e ADDRESS Salisbury, Maryland Bulkelev. M.D. 0 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE COUNTY CITY OR TOWN 3/2/79 St. Johns Cemeterv Powellville, Wic., Maryland BP Burial 250. DATE REC'D. BY REGISTRAR 256 BEGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH - 16 50M 1/76 Tiskney Mc Cready (VR A 15 (4)) HOLLOWAY FUNERAL HOME Salisbury, Maryland

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

I. DECEASED NAME		MIDDLE		AST	REG. NO	NONTH DAY YEAR	In 11011
(TYPE OR PRINT)	ALBERT	MIDDLE					2b. HOUI
				ANSON	7	3, 1979	
3. SEX	4 RAC		5. DATE C		6. AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1 YEA MONTHS DAYS	
Male		White	Apr:	il 30, 1964	74	YRS.	
To. BIRTHPLACE (STA	TE OR FOREIGN 76 C11	IZEN OF WHAT COUN	TRY? 8	NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEATH	
Philadel	phia, Pa.	USA	WIDOWE	_7	WICOMIC	CO	110
10. CITY OR TOWN C		AME OF HOSPITAL, NU		R OTHER INSTITUTION	120 USUAL OCCUPATIO		OF BUSINE
Salisbur		eninsula Ge		ospital	Tool Repair		ools
USUAL RESIDENCE (IF NURSING HOME OR OTHER	NSTITUTION, GIVE RESIDENCE		134 INSIDE CITY LIMITS?	13e STREET ADDRESS		
Maryland			sbury	YES NO	Hilda Dr	ve	
14 FATHER'S NAME	- Interior			15 MOTHER'S MAIDEN N			
Charles	WIDDLE	Swans		Della	WIDDLE	The	sing
160 WAS DECEASED	EVER IN U.S. ARMED F	ORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDRE		
YES, NO OR UNKNOW	(IF YES, GIVE WAR OF	164-C	3-9739	Mrs. Della	S. Cohen (s:	ister) same	as 13
	DEATH (Enter only one	cause per line for (o), ib		1			XIMATE INTER
PART I. DEA	TH WAS CAUSED BY	Mad	idetina	Tamo			MO:
underlying	couse last		eouence of				
PART 2, OTHER	couse last	TIONS CONTRIBUTING		NOT RELATED TO THE TERM		ITION GIVEN IN PART	l(o)
PART 2, OTHER	R SIGNIFICANT CONDI	MCFUL CONDITION FOR WI	OW WA	CINY CISO	200 AUTOPSY? YES NO	206, IF YES, WERE FIND IN CERTIFYING CAUSE YES M	INGS USED
PART 2 OTHER	R SIGNIFIC ANTICONDI PERATION 14	uctul .	O DEATH BUT	N WAS FERFORMED	20a AUTOPSY?	206, IF YES, WERE FIND IN CERTIFYING CAUSE YES M	INGS USED
PART 2 OTHER PART 2 OTHER OF CONTRIBUTION (IF EITHER, NOTIFY 21d. INJURY OF	R SIGNIFIC ANTICONDI	TIME OF INJURY	DAY YEAR	CINY CISO	200 AUTOPSY? YES NO	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES WITEM 18, PART 1 OR PART 2)	INGS USED S OF DEAT
PART 2 OTHER PART 2 OTHER 19a DATE OF O 19a DATE OF O 21a. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIFY 21a. IN JURY OC WHILE AT WORK 22a. I certify th sow the d obove He	R SIGNIFIC ANTICONDING	b TIME OF INJURY HOUR A.M. MONTH P.M. e. PLACE OF INJURY THOME, STREET, FACTORY, OF	DAY YEAR 19 FICE, FARM, ETC.)	21r. LOCATION STREET 21d that in (my) (our) opinion	200. AUTOPSY? YES NO CONTROL OF INJURE CITY OR TOW	20b. IF YES, WERE FIND IN CERTIFY ING CAUSE YES 20 IN ITEM 18, PART 1 OR PART 2) COUNTY 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	NO STA
WEDICAL OTHER PART 2, OTHER 19a. DATE OF O 21a. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIFY 21d. IN JURY OC WHILE AT WORK 22a. I certify th 22b. SIGN TUR 22b. SIGN TUR	R SIGNIFIC ANTICONDING R SIGNIFIC ANTICONDING R SUNDERLYING 21 G CAUSE OF DEATH MEDICAL EXAMINER 21 CURRED 21 NOT WHILE (1/2) COURSED (1/2) CO	b TIME OF INJURY HOUR A.M. MONTH P.M. e. PLACE OF INJURY THOME, STREET, FACTORY, OF	DAY YEAR 19 FICE, FARM, ETC.)	216. HOW INJURY OCCUI 216. LOCATION STREET d that in my (our) opinion DEGREE ATTENDING PHYSICIAN	200. AUTOPSY? YES NO CONTROL OF INJURE CITY OR TOW	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES TO COUNTY COUNTY 19 726 DA1	INGS USED S OF DEAT NO
WEDICAL OTHER PART 2, OTHER 19a. DATE OF O 21a. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIFY 21d. IN JURY OC WHILE AT WORK 22a. I certify th 22b. SIGN TUR 22b. SIGN TUR	R SIGNIFIC ANTICONDING	b TIME OF INJURY HOUR A.M. MONTH P.M. e. PLACE OF INJURY THOME, STREET, FACTORY, OF	DAY YEAR 19 FICE, FARM, ETC.)	21f. LOCATION STREET d that in (my) (our) opinion DEGREE ATTENDING	200 AUTOPSY? YES NO RRED (ENTER NATURE OF INJUR! CITY OR TOW death occurred on the do MEDICAL STAF DIRECTOR PHYSIC	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES TO COUNTY COUNTY 19 726 DA1	STATE COURSES STORE SIGNED
PART 2, OTHER 19a DATE OF O 21a. ACCIDENT W OR CONTRIBUTION (WE STIMER, MOTHER AT WORK 22a. I certify th Sow the d obove PM 22b. SIGN TUE 23a. BURIAL, CREMA 23a. BURIAL, CREMA	R SIGNIFIC ANTICONDING	b. TIME OF INJURY HOUR A.M. MONTH P.M. e. PLACE OF INJURY THOME, STREET, FACTORY, OF the body ofter death,	DAY YEAR 19 OFFICE, FARM, ETC.) OM 23c NAME OF C	216. HOW INJURY OCCUI 216. LOCATION STREET d that in my (our) opinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO RRED (ENTER NATURE OF INJUR! CITY OR TOW death occurred on the do MEDICAL STAF MEDICAL	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES TO COUNTY COUNTY 19 726 DA1	STATE COURSES STORE SIGNED

Salisbury,

DHMH - 16 50M 1/76 (VR A 15 (4))

BP

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the haspital or attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral dir should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages I and 2 should be filled within 72 hau with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

(VR A 15 (4))

are to the same enotined begins .Md. Caroline Greensboro x Kibler Rd. Milliam Tancy Cordelia Richardson 211-01-1901 targaret aney Milnington, Del.

7/2/2

And the state of t

Burial 2-28-79 Gradelawn

acelawn Wilm

Milmington Now Castle De.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDUSTRY

12b. KIND OF BUSINESS OR

- STATE REGISTRAR			CERTIFICATE OF DEATH	REG. NO. 7	9-05	199	
I. DECEASED NAME	FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR	2P HONE	-
(TYPE OR PRINT)	HATTIE	MARIAN	laylor	February 26	1979	27	J N
3 SEX		4 RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 2	4 HRS
Female		White	July 21,1895	83 YRS.	MONTHS DAYS	HOURS	MIN
COUNTRY)	e or foreign Delaware	USA	MARRIED NEVER MARRIED	BALTIMORE CITY OF COUNT WICOMICO	Y OF DEATH		AAC

YES []

Salisbury NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Wicomico

MIDDLE

(IF YES, GIVE WAR OR DATES)

FOR

Maryland

FIRST

John

160. WAS DECEASED EVER IN U.S. ARMED FORCES

14. FATHER'S NAME

CERTIFICATION

MEDICAL

WHILE

IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Peninsula General Hospital USUAL RESIDENCE (IF MURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 13b. COUNTY 13c, CITY OR TOWN

Salisbury

LAST

220-44-9128

166 SOCIAL SECURITY NO

Jackson

(TYPE OF WORK FOR MOST OF WORKING LIFE)

NO

Housewife 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 902 W. Main Street

12ª USUAL OCCUPATION

15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST Collins Emma 17 INFORMANT Pine Bluff son Mr. Hilary M. Tavlor. Jr...

	7
18 CAUSE OF DEATH (Enter anly one couse per line for (o), (b) and expenses the part I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Substitution	APPROXIMATE INTERVAL BETWEEN ONSET AND DE
Conditions, if any, which gove rise to immediate couse io), stating the underlying cause lost DUE TO, OR AS A CONSEQUENCE OF Columnia Tolon. DUE TO, OR AS A CONSEQUENCE OF Columnia Tolon.	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TEXMINAL DISEASE OR CONDIT	TION GIVEN IN PART 1(0)

Julyanut 90 DATE OF OPERATION

216. TIME OF INJURY

HOUR A.M.

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

ATTENDING

PHYSICIAN

Park

70a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

22a I certify that (I) (this hospital) attended the deceased from

sow the deceosed alive on the body ofter death

21f. LOCATION STREET

Memorial

DEGREE

CITY OR TOWN COUNTY

STATE

STATE

21d. INJURY OCCURRED NOT WHILE AT WORK

71a. ACCIDENT WAS UNDERLYING

YEAR

19

my)(aur) opinion deoth occurred on the date and hour and from the causes stated

22c. DATE SIGNED

22d PHYSICIAN'S NAME (TYPE OF PRINT)

22e ADDRESS

MEDICAL

230. BURIAL, CREMATION, REMOVAL 231. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE

MONTH DAY

Burial 24 FUNERAL DIRECTOR

ADDRESS NAME

Salisbury.

DIRECTOR PHYSICIAN

250. DATE REC'D, BY REGISTRAR 256, REGISTRAR'S SIGNATURE

DHMH-16 50M7/77 (VR A 15 (4))

BP.

HOLLOWAY FUNERAL HOME, Salisbury. Maryland

Wicomico.

The Mark Land	AND NOW AT		
icorico			
	ral Tompilel	Peninsula Cene	Salisbury
	The second of		

ADDRESS.

STATE OF MARYLAND

79-05300

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH MONTH AGE (IN YEARS LAST BIRTHDAT) IF UNDER 1 YEAR DAY5 HOURS **BALTIMORE CITY OR COUNTY OF DEATH** Wicomico 12a USUAL OCCUPATION 176 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Waitress 13e STREET ADDRESS 1. Box 255D Forkwell MIDDLE ADDRESS Mr. James Taylor, Parsonsburg. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH HES HRS 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [YES [214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED

COUNTY

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURBER

STATE

DHMH - 16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR

ilson Funeral Home

FOR

- STATE

REGISTRAR

Classical College Coll	1
	of
TO HOSPITAL OK ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may betained by the hospital or attending physician.	
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after death	
with the State Dept. of Heolth and Mental Hygiene prior to burial, cremation, or remaval.	

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE REGISTRAR	DEP	CERTIFICATE OF DEATH	HYGIENE REG. NO.	9-05301
1. DECEASED NAME FIRST (TYPE OR PRINT)	FUGENE	Todd	R. Pebruary	25,1919 6 55 h
3. SEX	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Male 70. BIRTHPLACE ISTATE OR FOREIGN COUNTRY) Salisbury. Md	White 76 CITIZEN OF WHAT COUN USA	June 14, 1939 NETRY? 8 MARRIED NEVER MARRIED DIVORCED	BALTIMORE CITY OR COU	NTY OF DEATH
Salisbury	Peninsula	URSING HOME OR OTHER INSTITUTION STREET ADDRESS) General Hospita		12b. KIND OF BUSINESS C INDUSTRY Chief
Maryland W	we or other institution, give residence ounty 13%, city or comico Salish	TOWN 13d. INSIDE CITY LIMIT	Cardinal Driv	e, Box 166
14. FATHER'S NAME FIRST Laird I	MIDOLE LAS Eugene Todd,		N NAME MIDDLE	Orr
160. WAS DECEASED EVER IN U.S (YES, NO OR UNKNOWN) (IF YE	, GIVE WAR OR DATES)	SECURITY NO. 17 INFORMANT 36-5811 Mrs. Hele	address n L. Todd (wife)	same as 13
gove rise to immediat cause (a), stating the underlying cause los	DUE TO, OR AS A CONS	EDUENCE OF	TERMINAL DISEASE OR CONDITION	GIVEN IN PART 1(0)
190 DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATION WAS PERFORMED	IN CE	FYES, WERE FINDINGS USED RTIPYING CAUSES OF DEATH?
210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE ((IF EITHER, NOTIFY MEDICAL EXAM	FDEATH HOUR A.M. MONTH	H DAY YEAR	YES NO SE	YES NO
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, O	OFFICE, FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
saw the deceased aliv above, (I) (www.(did) (d	e on the body after death.	19 79 , and that in (my) (and) op	inian death occurred on the date and	hour and fram the couses stoted
22b. SIGNATURE	ies C Hel		MEDICAL STAFF AN DIRECTOR PHYSICIAN	2/25/7
1 HOM A	S CI HILL	L De Pine &	Bluff Road.	Solidery, 1
230 BURIAL, CREMATION, REMC	VAL 23b. DATE	23c. NAME OF CEMETERY OR CREMATO	CITY OR TOWN	COUNTY STATE

DHMH - 16 50M 7/77 (VR A 15 (4))

24. FUNERAL DIRECTOR

HOLLOWAY FUNERAL HOME, Salisbury, Maryland

BP.

79-05301 Total product in of many and personal and Southern Live Peninsula Ceneral Hospital VIIIIAALLAA



FOR - STATE REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-05302

1	NEO IO I I I I I I I I I I I I I I I I I				REG	. NO.				
	DECEASED NAME FIRST YPE OR PRINT)	MIDDLE		LAST	20 DATE OF DEATH		DAY YEAR	26 HOU	JR	
	IDA	Mae	TRADER	4 G		4, 197	79		M	
3 5	SEX	4 RACE	5 DATE (6 AGE (IN YEARS LAST	BIRTHDAY	MONTHS DAYS	# UNDER	R 24 HRS	
L	Female	White	Nov		63	YRS	MONTHS DATS	HOOKS	MIN	
70	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT	COUNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH			
	Virginia	U.S.A.	WIDOW		□ Wicomic	0			MD.	
10	CITY OR TOWN OF DEATH		AL, NURSING HOME (TY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUP.		126 KIND C)F BUSIN	ESS OR	
	Salisbury	Rt 7 Box 1	12, Nancy A		Housewife		Own I			
US 130	SUAL RESIDENCE (IF NURSING HOME OF		SIDENCE BEFORE ADMISSION)	13d INSIDE CITY LIMITS	? 13e STREET ADDRES	is.				
			inter	YES NO						
14.	FATHER'S NAME	WIDOLE	LAST	15 MOTHER'S MAIDEN	NAME		LAS	5.7		
	George	Tatum		Katherine		Thomp		"		
160	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 S	OCIAL SECURITY NO.	17 INFORMANT	RT #7 Box	DRIES				
	No -	224	-14-8663	Margie Bake	r, Salisbur	y, Mary	rland 21	1801		
	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly ane cause per lunt la	r (a), (b), and (c	0'00			APPROX BETWEEN	IMATE INTE	RVAL	
		TE CAUSE (D)	yocare	had In	anction					
	410-	DUE TO ORIAS A	PONSEQUENCE OF	and de	1-1/	0	0 -			
	Conditions, if ony, which	Conditions, if any, which (b) File up where the tradia formular Justine								
	gave rise to immediate	DUE TO OR AS A	CONSEQUENCE OF							
	underlying cause last	(6)	CONSEGOENCE OF							
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIE	UTING TO DEATH BUT	NOT RELATED TO THE T	ERMINAL DASEASE ORICO	ONDITION GI	PH INPART TO	0)		
CERTIFICATION	Conge	sture to	that of	tulure	bran	res k	my	megs	Lodo	
A A	190 DATE OF OPERATION	196 CONDITION	OR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YE	S, WERE FINDIN	VGS WSE	D	
					YES NO		ES	NO [
		216. TIME OF INJU		21c HOW INJURY OCC	CURRED (ENTER NATURE OF I	JURY IN ITEM 18.	PART 1 OR PART 2]	110		
1 ×	OR CONTRIBUTING CAUSE OF DEA	AIFI	19	0.500						
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJ	URY TORY, OFFICE, FARM, ETC.]	211 LOCATION STREET	CITY OR	TOWN	COUNTY	61	TATE	
>	AT WORK NOT WHILE	f and the state of	/ ARM, ETC.	111 -	17	Tull	700	31	,	
	22a I certify that (I) (this hospi	tol) ottended the dece	osed from	3/3/19		19	19	that (I) ()	we) lost	
	sow the deceased alive on above, (1) (we) (did (did no	tiview the body after o	eath. 19 . o	nd that in (my) (our) opin	ion death occurred on the	date and how	ur and from the	couses str	oted	
	22b. SIGNATURE	811		DEGREE		12 17 17	22c DATE	SIGNED		
	1 4	16 40		PHYSICIAN	G MEDICAL S DIRECTOR PHY	TAFF SICIAN 🗌	Je.	6.14	1979	
1	22d. PHYSICIAN'S NAME (TYPE O	R PRINT)		.22e. ADDRESS						
230	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATO	RY 23d LOCATION		COLLEGE		ATE	
	Burial	2/17/197	Belle H	laven Cem.	Belle H	aven 1	county Jirginis		AIE	
24	FUNERAL DIRECTOR		AODRESS		DATE REC'D. BY REGISTR				1.	
	# Hill-Baker-Box	unds Funera	1 Home, Sa	lisbury, Md.	FER 51 18	9 /	may /	-CVIII	77	
-				41 300		_		-	_	

signed by the attending physicion and completely filled in by the funeral director, p hen please remave carbanpapers. Pages I and 2 should be filed within 72 hours after should be detached for use as the burial-transit permit. Then please re with the State Dept-of Health and Mental Hygiene prior to burial, crei TO FUNERAL DIRECTOR: After this certificate has been IMPORTANT: If Item 21 is marked on Item 18 shows any etoined by the hospital or attendi BP.

injury, or other troumatic event, th

DHMH - 16 60M 1/75

(VR A 15 (4))

TO HOSPITAL OR ATTENDING PHYSICIAN: The

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and the second section.

FOR

STATE OF MARYLAND 79-05303 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR					REG. NO)	
I. DECEASED NAME (TYPE OR PRINT)	FIRST	WIDDLE	EAST			MONTH DAY YE	AR 2b. HOUR
	IDA	BELLE	TUBBS		February :	14. 1979	
3. SEX		RACE	5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER I	
Female		White	August 4.		81	YRS MONTHS D	DAYS HOURS ME
To BIRTHPLACE (STATE	OR FOREIGN 76	CITIZEN OF WHAT COUNTRY	? B		9. BALTIMORE CITY O		Н
Clarmont	Dol	TICA	MARRIED NEV	DIVORCED	WICOMICO		
Claymont.	DEL.	NAME OF HOSPITAL, NURSI	NG HOME OR OTHER		120 USUAL OCCUPATION	ON 126 KI	ND OF BUSINESS
		(IF NOT IN SUCH FACILITY, GIVE STREE	T ADDRESS)		(TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUS	TRY
Salisbury		08 Centenary I			Supervisor	c Shi	rt Mfg.
130. STATE	136 COUNTY	13c. CITY OR TOV		DE CITY LIMITS?	13e STREET ADDRESS		
Maryland	Wicomi	co Salisbu	ary YES 🗌	NO []	108 Center	nary Drive	
14. FATHER'S NAME	MIDI	DLE LAST	15 MOTH	IER'S MAIDEN NAM	WE		LAST
Samuel		Hawkir	ns M	largaret	Ann	Will	
160 WAS DECEASED E		D FORCES? 166 SOCIAL SEC			ADDRE	SS	
(YES, NO OR UNKNOWN	(IF YES, GIVE WA	214-10-7	7385 Mrs.	M. Gerti	rude Austin	(daughter	S 13
18 CAUSE OF D	EATH (Enter only o	one couse per line for (o), (b), o			0		PROXIMATE INTERVAL
PART I. DEAT	TH WAS CAUSED B	and the same	gestive	Meant.	Feilure	-	uks
414	n in the contract of	La Company of the last					
Conditions, if	ony, which	DUE TO, OR AS A CONSEOL	icxlend	c hear	1 disease		1125
Conditions, if gove rise to	immediate	(b) anten	icklenet	· hear	1 disease	(1125
	immediate stating the	b) ORTER	ence of	1	The state of		
gove rise to couse (a), s underlying c	immediate stating the ouse last.	DUE TO, OR AS A CONSEOL	rextend are	Lexios	clenesis	· ·	iks
gove rise to couse (o), s underlying c	immediate stating the ouse last.	b) ORTER	rextend are	Lexios	clenesis	· ·	iks
gove rise to couse (o), s underlying c	immediate stating the ouse last. SIGNIFICANT CON	DUE TO. OR AS A CONSEOL (c) GENERAL NOTIONS CONTRIBUTING TO	ENCE OF CARE	Levelos.	clenes!!	DITION GIVEN IN PAR	KS II I/o
gove rise to couse (o), s underlying c	immediate stating the ouse last. SIGNIFICANT CON	DUE TO, OR AS A CONSEOL	ENCE OF CARE	Levelos.	INAL DISEASE OR CONE	DITION GIVEN IN PAR 2006. IF YES, WERE FI IN CERTIFYING CAL	NDINGS USED USES OF DEATH?
gove rise to couse (o), s underlying c	immediate stating the ouse lost. SIGNIFICANT COM	DUE TO, OR AS A CONSEQUENCE OF THE PROPERTY OF	HICE OF LEATH BUT NOT RELATED TO PERATION WAS PE	TED TO THE TERM	INAL DISEASE OR CONE 200 AUTOPSY? YES NO	20b. IF YES, WERE FI	NDINGS USED USES OF DEATH?
PART 2. OTHER 19a DATE OF OP 21a. ACCIDENT WA	immediate stating the ouse lost. SIGNIFICANT CON	DUE TO. OR AS A CONSEOL (c) GENERAL NOTIONS CONTRIBUTING TO	ENCE OF AREA DEATH BUT NOT RELA H OPERATION WAS PE	TED TO THE TERM	INAL DISEASE OR CONE	20b. IF YES, WERE FI	NDINGS USED USES OF DEATH?
PART 2. OTHER 19a DATE OF OP 21a. ACCIDENT WA	immediate stating the ause lost. SIGNIFICANT CON ERATION SUNDERLYING CAUSE OF DEATH	DUE TO, OR AS A CONSEQUENCE (c) GENERAL MOITIONS CONTRIBUTING TO	ENCE OF AREA DEATH BUT NOT RELA H OPERATION WAS PE	TED TO THE TERM	INAL DISEASE OR CONE 200 AUTOPSY? YES NO	20b. IF YES, WERE FI	NDINGS USED USES OF DEATH?
PART 2. OTHER 19a DATE OF OP 21a. ACCIDENT WA	immediate stating the ause lost. SIGNIFICANT CON ERATION SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	DUE TO, OR AS A CONSEQUENCE OF INJURY HOUR A.M. MONTH D.P.M.	DEATH BUT NOT RELA H OPERATION WAS PE	ATED TO THE TERM	INAL DISEASE OR CONE 200 AUTOPSY? YES NO EED (ENTER NATURE OF INJUR	20b. IF YES, WERE FI IN CERTIFYING CAL YES 12	NDINGS USED USES OF DEATH?
gove rise to couse (a), sy underlying c underlying c PART 2. OTHER 19a DATE OF OP 21a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) WHILE N	immediate stating the ause lost. SIGNIFICANT CON ERATION SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) CURRED OUT WHILE	DUE TO. OR AS A CONSEOL (c) GENERAL (d) GENERAL (d) GENERAL (e) GENERAL (e) GENERAL (d) GENERAL (d) GENERAL (e) GENERAL (d) GENERAL (e) GENERAL (d) GENERAL (e) GENERAL (e) GENERAL (f) GE	DEATH BUT NOT RELA H OPERATION WAS PE	ATED TO THE TERM	INAL DISEASE OR CONE 200 AUTOPSY? YES NO	20b. IF YES, WERE FI IN CERTIFYING CAL YES 12	NDINGS USED USES OF DEATH?
GOVE rise to couse (a), so underlying a unde	Immediate stating the ouse lost. SIGNIFICANT CONTERATION SUNDERLYING	DUE TO, OR AS A CONSEQUENCE OF INJURY HOUR A.M. MONTH D.M. 216. TIME OF INJURY HOUR A.M. MONTH D.M. 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	DEATH BUT NOT RELA H OPERATION WAS PE DAY YEAR 19 FARM, ETC.) 21t. LOC. 578	ATED TO THE TERM	INAL DISEASE OR CONE 200 AUTOPSY? YES NO EED (ENTER NATURE OF INJUR	20b. IF YES, WERE FI IN CERTIFYING CAL YES 12	NDINGS USED USES OF DEATH? NO T2)
GOVE rise to couse (o), sunderlying counderlying counderlying counderlying counderlying counderlying counterly count	immediate stating the ause lost. SIGNIFICANT CON ERATION SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) CURRED OT WHILE AT WORK SIT (II) Whis hospital)	DUE TO. OR AS A CONSEQUENCE (c) GENERAL (d) GENERAL (e) GENERAL (e) GENERAL (e) GENERAL (ii) GENERAL (iii) GENERAL (ii	DEATH BUT NOT RELA H OPERATION WAS PE DAY YEAR 19 21t. HOV	AFORMED NINJURY OCCURR ATION REET	INAL DISEASE OR CONE 200 AUTOPSY? YES NO CED (ENTER NATURE OF INJUR CITY OR TOW	20b. IF YES, WERE FI IN CERTIFYING CAL YES TO YES TO YES TO THE TOTAL Y IN ITEM 18, PART 1 OR PAR	NDINGS USED USES OF DEATH? NO T2) STATE
GOVE rise to couse (a), so underlying countrying countrying country in the countr	Immediate stating the ouse lost. SIGNIFICANT CONTERATION SUNDERLYING	DUE TO, OR AS A CONSEQUENCE OF INJURY HOUR A.M. MONTH D.P.M. 216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, partended the deceased from,	DEATH BUT NOT RELA H OPERATION WAS PE DAY YEAR 19 FARM, ETC.) 211. LOC. 518	AFORMED NINJURY OCCURR ATION REET	INAL DISEASE OR CONE 200 AUTOPSY? YES NO EED (ENTER NATURE OF INJUR	20b. IF YES, WERE FI IN CERTIFYING CAL YES YIN ITEM 18, PART 1 OR PAR N COUNTY	NDINGS USED USES OF DEATH? NO
GOVE rise to couse (o), sunderlying counderlying counderlying counderlying counderlying counderlying counterly count	Immediate stating the ouse lost. SIGNIFICANT CONTERATION SUNDERLYING	DUE TO. OR AS A CONSEQUENCE (c) GENERAL (d) GENERAL (e) GENERAL (e) GENERAL (e) GENERAL (ii) GENERAL (iii) GENERAL (ii	DEATH BUT NOT RELA H OPERATION WAS PE DAY YEAR 19 21t. HOV	ATION REET ATION (our) opinion o	200 AUTOPSY? YES NO CITY OR TOW To Let the document of the document of the document on the document on the document of the document on the document of the d	20b. IF YES, WERE FI IN CERTIFYING CAL YES	NDINGS USED USES OF DEATH? NO T2) STATE
WHILE AT WORK 220.1 Certify the cobove. [1] 22b. SIGNATURE	Immediate stating the ouse lost. SIGNIFICANT CON ERATION SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) CURRED OUT WHILE AT WORK SI (I) This hospital cooled drive on the cooled dr	DUE TO. OR AS A CONSEQUENCE. (c) GENERAL (d) GENERAL (e) GENERAL (e) GENERAL (e) GENERAL (I) GENERAL (I) GENERAL (I) TIME OF INJURY HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, attended the deceosed from, 19 iew the body ofter death.	DEATH BUT NOT RELA H OPERATION WAS PE DAY YEAR 19 FARM, ETC.) 211. LOC. 518	RFORMED ATION ATIENDING	INAL DISEASE OR CONE 200 AUTOPSY? YES NO CED (ENTER NATURE OF INJUR CITY OR TOW	20b. IF YES, WERE FI IN CERTIFYING CAL YES YES COUNTY COUNTY 19 120. D	NDINGS USED USES OF DEATH? NO
WHILE AT WORK 220.1 Certify the cobove. [1] 22b. SIGNATURE	Immediate stating the ouse lost. SIGNIFICANT CONTERATION SUNDERLYING	DUE TO. OR AS A CONSEQUENCE. (c) GENERAL (d) GENERAL (e) GENERAL (e) GENERAL (e) GENERAL (I) GENERAL (I) GENERAL (I) TIME OF INJURY HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, attended the deceosed from, 19 iew the body ofter death.	DEATH BUT NOT RELA H OPERATION WAS PE DAY YEAR 19 FARM, ETC.) 211. LOC. 518	ATION REET OUT OPINION OF PHYSICIAN	INAL DISEASE OR CONE 200 AUTOPSY? YES NO CITY OR TOW CITY OR TOW MEDICAL STAF	20b. IF YES, WERE FI IN CERTIFYING CAL YES YES COUNTY COUNTY 19 120. D	NDINGS USED USES OF DEATH? NO
GOVE rise to couse (o), sunderlying of underlying of underlying of underlying of underlying of underlying of the underly	Immediate stating the ouse lost. SIGNIFICANT CON ERATION SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) CURRED OT WHILE CAUSE OF DEATH AT WORK OF CHILD CONTROL OF THE CONTROL OF THE CAUSE OF THE	DUE TO. OR AS A CONSEQUENCE. (c) GENERAL (d) GENERAL (e) GENERAL (e) GENERAL (e) GENERAL (e) GENERAL (f) GENERAL (ii) GENERAL (iii) DUE TO. OR AS A CONSEQUENCE (iii) GENERAL (iii) DUE TO. OR AS A CONSEQUENCE (iii) GENERAL (iii) DUE TO. OR AS A CONSEQUENCE (iii) GENERAL (iii) DUE TO. OR AS A CONSEQUENCE (iii) GENERAL (DEGREE DECE OF AREA DEATH BUT NOT RELA DEPARTION WAS PE DAY YEAR 19 21t. LOC. STR. DEGREE 122e ADD	RFORMED ATION ATTENDING PHYSICIAN ED ATTENDING PHYSICIAN ED RESS	INAL DISEASE OR CONE 200 AUTOPSY? YES NO CONE CITY OR TOWN MEDICAL STAF DIRECTOR PHYSIC	20b. IF YES, WERE FI IN CERTIFYING CAL YES YES COUNTY COUNTY 19 120. D	NDINGS USED USES OF DEATH? NO
GOVE rise to couse (a), so underlying of underlying of part 2. OTHER 19a DATE OF OP 21a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY). 21d. INJURY OCCUPANT OF UNDERLY OF	Immediate stating the ouse lost. SIGNIFICANT CONTERATION SUNDERLYING	DUE TO, OR AS A CONSEQUENCE OF INJURY HOUR A.M. MONTH D.M. 21b. TIME OF INJURY HOUR A.M. MONTH D.M. 21c. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, other holds) and the deceased from the body ofter death.	DEATH BUT NOT RELA H OPERATION WAS PE DAY YEAR 19 FARM, ETC.) DEGREE M DEGREE 22e ADD Sal	ATTENDING PHYSICIAN ESBURY, I	INAL DISEASE OR CONE 200 AUTOPSY? YES NO CONTROL CITY OR TOW CITY OR TOW TO THE STAF DIRECTOR PHYSIC MARYLAND	20b. IF YES, WERE FI IN CERTIFYING CAL YES YES COUNTY COUNTY 19 120. D	NDINGS USED USES OF DEATH? NO
GOVE rise to couse (o), sunderlying of underlying of underlying of underlying of underlying of underlying of the underly	Immediate stating the ouse lost. SIGNIFICANT CONTERATION SUNDERLYING	DUE TO, OR AS A CONSEQUENCE OF INJURY HOUR A.M. MONTH D.M. 216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, iew the body ofter death. 218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, iew the body ofter death. 229, M.D. 236, DATE 236.	DEGREE DECE OF AREA DEATH BUT NOT RELA DEPARTION WAS PE DAY YEAR 19 21t. LOC. STR. DEGREE 122e ADD	ATTENDING PHYSICIAN OR CREMATORY	INAL DISEASE OR CONE 200 AUTOPSY? YES NO CONE CITY OR TOWN MEDICAL STAF DIRECTOR PHYSIC	20b. IF YES, WERE FI IN CERTIFY ING CALL YES VINITEM 18, PART I OR PAR N COUNTY 19 22. D FAM 226. D COUNTY	NDINGS USED USES OF DEATH? NO 172) STATE A the a (we) the couses stoted at E SIGNED STATE

DHMH - 16 50M 1/76

(VR A 15 (4))

HOLLOWAY FUNERAL HOME, Salisbury, Maryland

FEB 21 1979

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE
STATE REGISTRAR CERTIFICATE OF DEATH

79-05304

-1	REG	GISTRAR		Ć CE	RITFICATEO	FDEATH		REG. NO.	• • •	
	1. DECEAS	SED NAME FIRST	MIC	DDIE	LAST		2a DATE OF DE		DAY YEAR	26 HOUR
	(TYPE OR PR	IRENE	ELIZAB	ETH	WALLE	r	FebruA	RY 28,	1979	12 PM
1	3 SEX		4 RACE	5. C	ATE OF BIRTH		6 AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER 1 YEA	
		male	White	De	.c. 22, 1	.896 YEAR	82	YRS		5 HOURS MIN
	7a BIRTHE	PLACE (STATE OR FOREIGN	76. CITIZEN OF W	HAT COUNTRY?	ARRIED A NEVE	P MAPPIED		CITY OR COUN	ITY OF DEATH	
5		nnsvlvania	USA		DOWED [DIVORCED	Wico	mico		MD.
0	10 CITY O	alisbury	Peninsu	OSPITAL, NURSING HO EACILITY, GIVE STREET ADDRE La Genera			120 USUALOCO (TYPE OF WORK FOI Clerk	CUPATION R MOST OF WORKING	HEE) INDUSTR	of Business or Y ery
	USUAL RE	SIDENCE (IF NURSING HOME	OR OTHER INSTITUTION G	IVE RESIDENCE BEFORE ADM		E CITY LIMITS?	13e STREET ADI	DRESS		
	Ma			Salisbury	YES 🗌	NO 🗌		Hudson D)rive	
	14. FATHE	R'S NAME FIRST	MIDDLE	LAST	15 MOTH	ER'S MAIDEN NA	ME	NIDDLE		AST
4		Thomas		Reese		Marv	Ann .	_ Tr	omas	
	160 WAS	DECEASED EVER IN U.S.	ARMED FORCES?	66 SOCIAL SECURITY	NO. 17 INFOR	MANT		ADDRESS		
	No	(, , , ,		206-12-313	OA Mr.	Casper F	. Waller	(husba	ind) sam	e as 13
ı	18 (CAUSE OF DEATH Enter	anly one cause per lu		1 .0					OXIMATE INTERVAL N ONSET AND DEATH
		PART I. DEATH WAS CAU	SED BY:	Renal,	tailu	··		0		
	13	599A		AS A CONSEQUENCE	1	10	/ :	4 an	ve ne	
-1	Co	anditions, if any, which	DUE TO, OR	AS A CONSEQUENCE	Trass	mote	elum.	11	D. V.	
1	go	ove rise to immediate	10).42	X						
Н		iderlying cause last	DUE TO, OR	AS A CONSEQUENCE	OF				1	
1	PAI	RT 2 OFMER SIGNIFICAN	T CONDITIONS CON	NTRIBUTING TO BEAT	H BUT NOT RELA	NO TO THE TERM	AINAL DISEASE	R CONDITION (IVEN IN PART	100
		Menigela	rote Ca	res Vanc	whom.	Jesesne	- 1 /	Judies	is he	relips
7	CERTIFICATION 130°	DATE OF OPERATION	196 CONDITI	ION FOR WHICH OPE	RATION WAS PER	REORMED	20a AUTOPS		YES, WERE FIND	
1	E						YES N		YES	NO [
9	21a.	ACCIDENT WAS UNDERLYING		INJURY . MONTH DAY	21c. HOW	/ INJURY OCCUR	RED (ENTER NATURE	OF INJURY IN ITEM 1	8, PART 1 OR PART 2)	
71	V OR	CONTRIBUTING CAUSE OF EITHER, NOTIFY MEDICAL EXAMIN	DEATH		19					
Н	WEDICAL STATE OF THE STATE OF T	INJURY OCCURRED	21e PLACE OF		21f. LOCA		CIT	Y OR NOWN	COUNTY	
-1	W TA	HILE NOT WHILE AT WORK	(AT HOME, STREE	T, FACTORY, OFFICE, FARM, E	SIC.)	1	-	OK DWN	1-0	STATE
		I certify that (1) (this ha	spital) attended the	deceased fram	2 16	. 19		120	. 19	, that (I) (re) last
		saw the deceased alive above, (1) (we) (did) (did	an /	19-	_, and that in (r	y) (out apinian	death accurred a	n the date and h	our and fram th	e causes stated
3	22b.	SIGNATURE	Hor Wiew the body of	fter death.	DEGREE	·			22c. DA1	TE SIGNED
		1	0	0		ATTENDING PHYSICIAN	DIRECTOR [STAFF	0/28	/79
	22 d.	PHYSICIAN STAMP ITYP	E OR PRINT)		22e ADD	RESS	DIRECTOR	PHISICIAN	K120	/19
1		O. J. Burto	n. M.D.		Sal.	isbury,	Maryland	1		
Н	23n RIJRI4	AL, CREMATION, REMOV		1 23¢ NAMI	OF CEMETERY C		23d. LOCATIO			
	(SPECIF	RIAL					CITY OR TO	IWN	COUNTY	STATE
		RAL DIRECTOR	3/2/79	Spri	nghill M	emory Ga	rdens, F	Jehron -	BIRAR'S SIC V	aryland
	N/	AME	AT TIONE	ADDRESS		25	AR 5 19		intrey /	Wissely
	HUL	LOWAY FUNER	AL HOME, S	Salisbury.	Md.	I M	AK 5 K	117		

DHMH - 16 50M 1/76 (VR A 15 (4))

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STATE OF MARYLAND

79-05305 Calisbury Penkante Communication | - Communication THE PRINT TO SECOND WILL THE ME

			18a-22a F	ilm G529 3	3/22/7	79 STAT		RYLAND		332					
V.	1-	FOR STATE REGISTRAR		MED	ICAL F	XAMIN	ER'S CE	AND MENT				79	-05	30	6
· 3	1. DE	CEASED NAM	E FIRST		MIDDLE		LA SA		12 01 0	24 DATE	REG. 1	IX MONTH	DAY	YEAR	2b. HOUR
SE SS: ST,	{TYP	E OR PRINT)	Harry			W	aters			OF	ESTI- H MATED	<u> </u>	1219	79	AA
PLEASE RECTOR. R FILES. HOURS STREET,	3. SEX		4 RACE	S. DATE OF BIRTH	YEAR 6	AGE (IN YEA			UNDER 24 HI	RS. 2c DA		HTHOM	DAY	YEAR	1 :20
ARY, PLE T DIRECT YOUR F YOUR F TON STR		ale	black	10-2-0		64 YR				DE	AD	2	1219	79	A. M
MECESSARY, PL		RTHPLACE (S	1)	76 CITIZEN OF WHA	ATCOUNTI	RY?		NEVER			MORE CITY	_	ounty	TH	
S H M B A	10. CI	TY OR TOWN	OF DEATH	11. NAME OF HOSP	ITAL, NURS	SING HOME	WIDOWER OR OTHER	NOITUTION	N 12a	USUAL OCC	UPATION (T		126 KIND		
0 7 H 20 T 5	oc	omokeCi	ity area	Peniusula	aGener	calhos	pital	Medica:	lCent.	FOR MOST OF W	ORKING LIFE)	r	Fa	DUSTRY	
RETAIN HOULD BI	USU A		(IF IN NURSING HOME OF	ROTHER INSTITUTION, GIVE		OR TOWN		Id. INSIDE CITY LI	MITS? 13e	STREET ADD	RESS	. 0			-
	14 64	IIQ.	Hom	reset	toc	omo			OX	+1	BX	130			
AND 2 SAND 2 SE VITAL	1	THER'S NAME	hanial	MIDDLE	1/4	st love		MOTHER'S	MAILENNA	AME	MIDDLE	R	LAST	40	
S I AI	16a. V	AS DECEASES, NO JOR UNKNO		NED FORCES?	16b. SOCI	AL SECURITY		7. INFORMAN	IT O	2. 1	ADDRES	55/24	131)C	ho	SA
SEGH		No	(IF TES, GIVE V	- AR OR DATES)	216-	12-10	321	LIGERE	e.S.E	sirch	2++ 6	ocal	mke		Jd.
		18. CAUSE O	F DEATH (Enter onl	y ane cause per line fo			4 - 4		۵				APPRO BETWEEN		NTERVAL AND DEATH
ITEM 18. VIONG V PERMIT. GIENE, D		968	2 IMMEDIAT	E CAUSE (a) DI				he head	a						
ENCIL IN AMINER A AMINER A TRANSIT ENTAL HY REMOVAL			ns, if any, which se to immediate	(b)											
EXAMINER EXAMINER SIGL-TRANSI OR REMOVA			stating the <u>under-</u>	DUE TO, OR A	S A CONS	EQUENCE C	F								
TA EXAMINE ALONG BURIAL-TRANSIT PERMIT AND MENTAL HYGIENE, ON, OR REMOVAL.	19			(c)											
EF MEDICAL SED AS A BUS HEALTH AND CREMATION,	N	PARI 2 DIHEK SI	IGNIFICANT CONDITIONS C	ONTRIBUTING TO OFATH BU	IT NOT RELATE	D TO THE TERMI	NAL OISEASE O	R CONDITION GIVE	EN IN PART 1 (a.						
HIEF MEDIC USED AS A OF HEALTH L, CREMATIC	CERTIFICATION	19a. DATE OF	OPERATION	196. CONDITIO	ON FOR W	HICH OPER	ATION WAS	PERFORMED)?				20. AUT	OPSY?	
A P.C.	TIFIC										48.5 to 20 00 days	er ==	YES	X	NO 🗆
DEPARTMENT PRIOR TO BURI		UNDERLYING	AL CAUSE WAS	116. TIME OF 1 HOUR A.M.	MONTH I	DAY YEAR		V INJURY OC			INJURY IN ITEM 1	18 PART 1 OR PA	RT 2)		
E 3 SHOULD DEPARTMEI PRIOR TO BU	MEDICAL	21d INTILIPY	NG CAUSE OF D	P.M.		1979	ZIf. LOCA	ound a	SSULTE	∂ a					
Al La	ME	WHILE AT WORK	NOT WHILE K	STREET, FACTO	RY, FARM, ETC.	.)	STRI	rea of	Pocon	noke C	itv. W	ica C	O., M	d.	STATE
R. PAGE 3 SESTATE DEP				af the remains descr		e, held an	Autapsy		spection [, Inquis		and in my ap			
H TH	10	death result			Accident [cide	Hamicide		determined],			
DIRE DIRE , WIT	15	ACTUAL	Harm	& Asla	0			TITLE (SPEC	Our de			DATE	2	/12 /	70
SHO SHO EATH SRE, A		SIGNATURE,	wighter	2000	X 1 / V)	M.D	Assista		AEDICAL EX		SIGNE		/13/	
PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: P AFFER DEATH, WITH THE ST BAUTIMORE, MARYLAND, 21:		EXAMINER'S (TYPE OR PRI	NAME Virg	inia L. Do	lan,	M.D.	A[111 DDRESS	Penn	Street	t, Bal	timore	Mar:	1201	d
AF BA	23a.Bl	PECIFICIAL A	TION REMOVAL 23	DATE 79	23c. NA	AME OF CEA	AETERY OR	CREMATORY	23/	CITY OR TOWN	1.	con	NTY	NO TAI	0
MH - 17	24. FI	INERAL DIREC	-	4-11-11		· Tan	res	(cm,	DATE RECID	CCOP MARKEGISTI		GISTRAR'S S	SIGNATUR	La	•
A15 ME (5))	0	22		ADDRESS	Now	Chi	rob	1/0	201	HK Z	19/9	prog	way /K	Ch	ody

79-05806 The second to the second second to the second secon the color of the first series to the first first

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-05307 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME MIDDL LAST 20. DATE OF DEATH MONTH tor, page 3 ofter death (TYPE OR PRINT) Recie WATSON ebruary 3 SEX 4. RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH DAY YEAR DAYS HOUR5 1904 70. BIRTHPLACE ISTATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Wicomico DIVORCED | 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Salisbury Deer's Head Center BALTIMORE, MARYLAND 21201 DomESTIC HOUSEWIF USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 113b COUNTY 13c CITY OR TOWN 13d. INSIDE CITY HAUTS? 13e STREET ADDRESS Son HrIGH 36X MARION 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE Kon ISOM 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS IYES, NO OR UNKNOWN) I LIF YES, GIVE WAR OR DATES) 0 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse ò PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY IN CERTIFYING CAUSES OF DEATH? NOF YES [NO I 18 shar Mental Hygi 710 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL I IF EITHER, NOTIFY MEDICAL EXAMINER P.M 19 21d. INJURY OCCURRED 0 21e PLACE OF INJURY 211. LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased from and that in (my) (our) opinion death accurred on the date and hour and from the causes stated obove (II) (we) (did) (did not) view the body ofter death. be detached e State Dept. 276. SIGNATURE DEGREE 22c. DATE SIGNED Should be detach with the State De * ATTENDING MEDICAL STAFF MPORTANT: PHYSICIAN DIRECTOR | PHYSICIAN 22d. PHYSICIAN'S NAME 4TYPE OR PRINTI. 22e ADDRESS Inja Joe Hwang, M.D Deer's Head Center, Salisbury, 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION ITY OR TOWN STATE BP. ENEZET Arumsco 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 7/77 (VRA 15 (4)) FEBR

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

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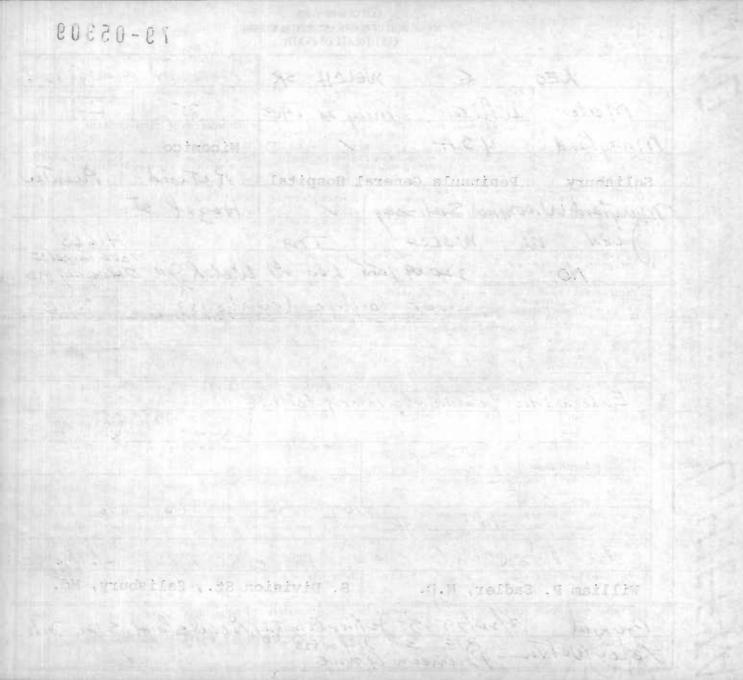
FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-05309

	REGISTRAR					REG. NO	D	
	CEASED NAME	FIRST	MIDDLE	LAST		20. DATE OF DEATH	MONTH DAY YEAR	2b HOUR
(IIII)	OR PRINT)	LEO	6.	WELCH	5R	FEBRUAL	RY 19,1979	10 A M
3. SE	X		RACE	5. DATE OF BIRTH		6 AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1 YEA	
	Ma	0.	1. A-2	MONTH DAY	1 9c3	25	MONTHS DAYS	HOURS MIN
70 B	RTHPLACE (STATE	OR FOREIGN 76	CITIZEN OF WHAT COUNTR	42 8 A Cay 24	-1705	9. BALTIMORE CITY OF	YRS.	
	OUNTRY)	D A TOKERON	11 & A	MARRIED NEVER	MARRIED -	. BALLIMORE CITT OI	COOMIT OF DEATH	
1	JARYL	and.	4.2.1		NORCED [Wicomic		MD.
10. C	ITY OR TOWN OF	DEATH 11	. NAME OF HOSPITAL, NUR: (IF NOT IN SUCH FACILITY, GIVE STR		MOITUTION	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF		OF BUSINESS OR
	Salishu	127	Peninsula (pital	Retur	ed Po	cinter
USU.			HER INSTITUTION GIVE RESIDENCE BEF	FORE ADMISSION)		CORET LODDESS		
7	Dan ita	d W19	_	SAULU YES VES	NO []	130 STREET ADDRESS	51	
II F	THER'S NAME	7110010	MICO SUNI	7-3	'S MAIDEN NAM	IE SE		
	TRST A	MID:	OLE MERCHAST	" / -	FIRST	WIOOFE	W.C	AST
14 1	A CHIV	VV	. PUCLC	AT INTO DA	DA	ADDRE	6716	63
16a V	LES, NO OR UNKNOWN	VER IN U.S. ARME	AR OR OATES)	CURITY NO. 17 INFORM	L	1 . 1 00	1306 4	43019
		NO	720-6	4-1000 YE	0 1	Welck	R, Dalisa	very MD
	18 CAUSE OF DE	EATH (Enter only o	one couse per ling for (o), (b),	and icity.	-	1	APPRO BETWEEN	NONSET AND DEATH
	PART I. DEATI	H WAS CAUSED E	11110	r tailure	- (cu	rshoses)	2	- 413 -
	E12.	IMMEDIATE	Link to be a second					1
	0//2	5	DUE TO, OR AS A CONSEC	QUENCE OF				
	Conditions, if		(b)					
	couse (0), st underlying co		DUE TO, OR AS A CONSEC	QUENCE OF				
	onderlying co	1031.	(c)					
~	PART 2 OTHER S	SIGNIFICANT CO	NDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATE	D TO THE TERMIN	NAL DISEASE OR CONT	DITION GIVEN IN PART 1	110
0	Lind	ocardeti	S ; cardio +	es piratory	tallur	-		
CAT	19a DATE OF OPE	ERATION	196 CONDITION FOR WHI	CH OPERATION WAS FERF	DRMED	20e AUTOPSY?	206. IF YES, WERE FIND	
IF		-	the state of the s	_		YES NO	IN CERTIFYING CAUSE YES TO	NO T
MEDICAL CERTIFICATION	210. ACCIDENT WAS	UNDERLYING	21b. TIME OF INJURY	21c. HOW II	NJURY OCCURRE		Y IN ITEM 18, PART 1 OR PART 2)	
N C		CAUSE OF OEATH		DAY YEAR				
OIC.	21d INJURY OCC		P.M. 21e PLACE OF INJURY	19 21f. LOCAT	ON			
ME	No. 110 110 110	OT WHILE	LAT HOME, STREET, FACTORY, OFFICE			CITY OR TOW	N COUNTY	STATE
	AT WORK	T WORK				1	A 97	
			ottended the deceased from		19_19			, that (I) (we) lost
	sow the dec above, (1) (w	eosed ofive on	new the body ofter death	ond that in (my) (our) opinion de	eath occurred on the do	te and hour and from th	e couses stated
	226/SIGNATURE	~1		DEGREE			22t. DAT	E SIGNED
	(ll	1000	reller/	Leco	ATTENDING PHYSICIAN	MEDICAL STAF	FIANT 2/21	1/20
	22d. PHYSICIAN'S	S NAME TTYPE OF PR	(INT)	22e ADDRE	SS			1-1
	Willia	am P. S	adler, M.D.	S. 1	Divisio	n St., Sa	lisbury,	Md.
	BURIAL, CREMATIC	ON, REMOVAL	71 1.0	IL NAME OF CEMETERY OR	CREMATORY	23d LOCATION	A COUNTY	STATE
		67		7 7 7 7 7 7	VO		W I M.	
,	1 SURIC	and	722/79	11. Johns	emplesty	Nealksi	und Sim	la sorte
	JURI OIRECTO	Red P	BIE	3 m/4	63 250 DAYE	RECID. BY REGISTRAR	25h, REGISTRAR'S SIGNA	ATURE



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Peninsula Ceneral Hompical

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